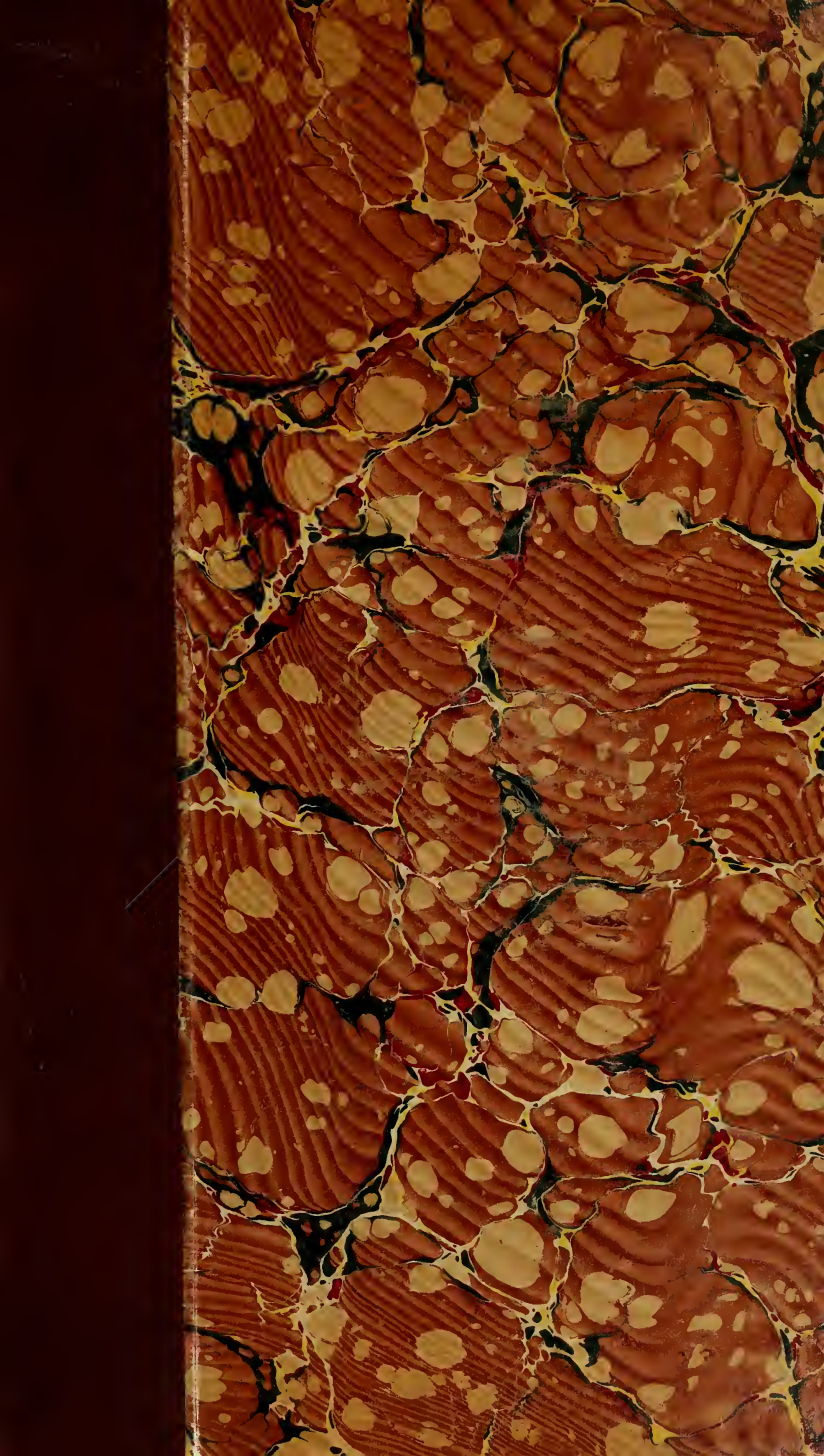




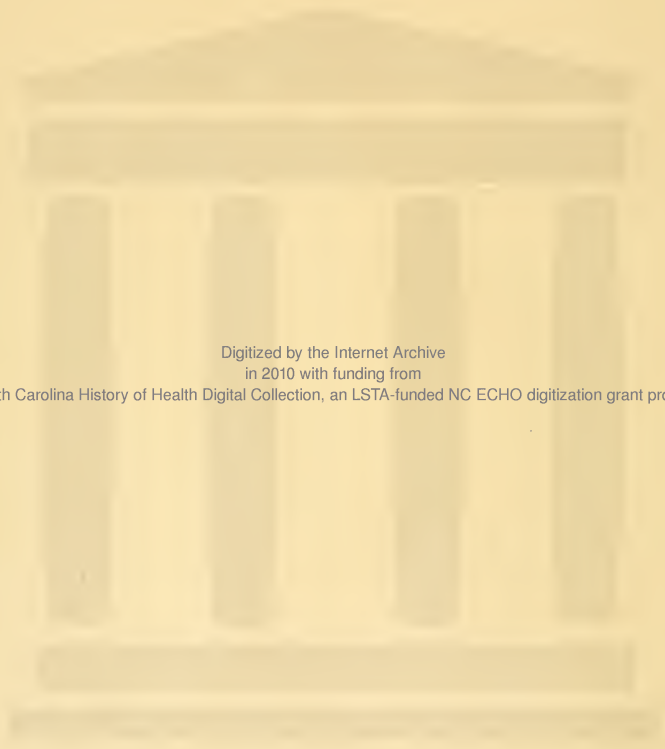
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Charlotte Medical Journal.

A SOUTHERN JOURNAL OF MEDICINE AND SURGERY.

VOLUME 73
NUMBER 1

Charlotte, N. C., January, 1916.

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Corpus Luteum.
True substance.
Powder; 2 grain and
5 grain capsules; 2
grain tablets.

Pituitary Liquid.
Physiologically
standardized. Free
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1 c. c. ampoules.

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(anterior lobe).

Pituitary Powder
and 1-10 grain tab-
lets (posterior lobe)

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1 grain tablets.

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Adjuvant and ve-
hicle.

Red Bone Marrow.
Hematogenetic.
Histogenetic.

Lecithol.
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from brain sub-
stance.

Chymogen.
In infant feeding
prevents formation
of curds in milk.

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and *Peptonizing*
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For predigesting
foods.

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Powder, standard-
ized.

Thyroid Tablets.
Standardized. 2 gr.
1 gr. 1-2 gr. 1-4 gr.

Pineal Substance—
Powder.

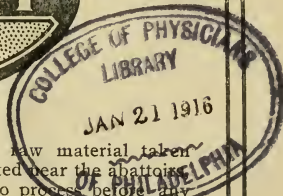
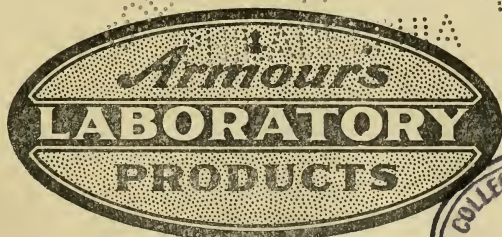
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ON THE CAUSES, SYMPTOMS, AND
Treatment of
Sexual Impotence

AND OTHER SEXUAL DISORDERS
IN MEN AND WOMEN

BY

WILLIAM J. ROBINSON, M. D.

Chief of the Department of Genito-Urinary Diseases and Dermatology, Bronx Hospital and Dispensary; Editor The American Journal of Urology, Venereal and Sexual Diseases; Editor of The Critic and Guide; Author of Sexual Problems of Today, Never Told Tales, Practical Eugenics, etc.; President of the American Society of Medical Sociology, President of the Northern Medical Society; Ex-president of the Berlin Anglo-American Medical Society, Fellow of the New York Academy of Medicine, etc., etc.

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Dr. J. C. Rodman, Washington, N. C.

The Charlotte Medical Journal

VOL. LXXIII

CHARLOTTE, N. C., JANUARY, 1916.

No. 1.

JOHN CROOM RODMAN, M. D.

Edited by Drs. D. W. and Ernest S. Bulluck,
Wilmington, N. C.

Among the prominent physicians of North Carolina we find the subject of this sketch, Dr. John C. Rodman, who was born in Washington, N. C., December 27th, 1870, his parents being William Blount Rodman and Camilla Croom. His father was a noted jurist and served as Justice of the Supreme Court of the State.

Dr. Rodman went to the public school at Washington, and later to the University of North Carolina. He graduated at Bellevue Hospital Medical College of New York City in 1892, at the age of twenty-one, passing the North Carolina State Medical Board the same year. During his years of study he learned to acquire a constant, unrelenting application to his subject, which enabled him to complete his course and begin his life work at this early age.

With an opportunity for larger fields, the love for his native State brought him to his home town, where he is yet located. He is on the staff of the Fowle Memorial Hospital in Washington, N. C., and goes from time to time to the University of Maryland for post-graduate work, interesting himself particularly in Genito Urinary diseases, Bacteriology and Surgery.

In 1904 he married Miss Olzie W. Clark, of Wilson, N. C., who by her sympathy and encouragement in his work has contributed her part to his success, and in his home has created a heaven where rest and quiet are fully appreciated only by a tired physician, whose labor is never ended. His children are a girl and three boys—Olzie, John Jr., Archie and Owen.

Among his fellow practitioners Dr. Rodman is known best in his untiring efforts to uphold the honor and high standard that he believes should exist in his noble profession. His superior usefulness brought upon him the Superintendency of Health of Beaufort County at one time, and later he was made City Physician of Washington, N. C. He is connected with the Beaufort County Medical Society; the Seaboard Medical Association, of which he was recently made President; the North Carolina Medical Society, and at different times

he has served as its orator, Vice-President and on various important committees. He is a fellow of the American Medical Association. From 1908 to 1914 he was a member of the North Carolina Board of Medical Examiners, being first President of that body. He is now Chief Surgeon of the Washington and Vandremer Railroad, and has been acting Assistant Surgeon of the United States Public Health Service since 1895. He is a gifted writer and his contributions to the medical journals have made his name permanent in the annals of medicine.

Aside from his professional work Dr. Rodman is a Mason. He attends the Episcopal Church. He is also a member of the Knights of Pythias and Elks Lodges, and belongs to the D. K. E. Fraternity. And last, but not least, he is a Democrat.

Dr. Rodman is now forty-five years old, and in his profession the State claims him as an honored son.

MANKIND: QUALITY VERSUS QUANTITY.

By E. B. Hardin, M. D., Florence, Ala.

I beg your indulgence regarding mankind. I particularly refer to the male. Not the man in theory, nor yet the man in ideality, but man as we find him in the individual and in the aggregate.

I scarcely recognize for the purposes of this essay **that man**, who has been defined as the paragon of animals and who is but a little lower than the angels. I only deal with him as he is found, regardless of station or geographical location and I ignore the sentimental and poetical effusions that have from time to time been thrust on a vain and egotistic people.

Man is first of all a selfish being. To him, life is mostly valuable to the individual. He is largely interested in that life which lives in his own body. He has no great interest in any other life, except in a family or sentimental sense. The record of a million lives being lost in Europe, only interests him indirectly. He would rather that the million lose their lives than he lose his one life.

This selfishness makes life cheap. The struggle for existence is so acute that in all states, whether animal or vegetable, life is ruthlessly destroyed. The competition for food creates the struggle, and

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because of the struggle, selfishness becomes the dominant factor. It is said that in one species of the fish family, the salmon, that if all the eggs that were layed reached maturity, in a few years the ocean would be unable to contain them.

The possibilities in man are astounding, in as much as each man contains within his body millions of seeds. Each female of the human family has thirty thousand seeds.

Life is the cheapest thing in nature. It is so regarded in practice, in theory it is very sacred.

Experience shows that man is a sexual animal. This admits of no exceptions worthy of notice and is subject to laws of wide range. Heredity and environment, education and culture put forth their restraining hands. Morals become localized and are subject to variation, depending on geographical location.

The chief end of man is development, growth, and all the attributes that we recognize in a beautiful character, whose destiny is fellowship with God and whose ultimate end we can not comprehend. If this be true then consider that vast number, that more than half of the human race, that die before years of discretion.

It would seem, to hear the panegyrist, that the propagation of the race is the one important thing in life. As a matter of fact it is incidental and accidental. This may be thought almost brutal frankness but science proves it. The medical world knows it to be true. Do those contemplating wedlock do so for the purpose of procreation? Procreation comes because man is a sexual animal and not because it was premeditated.

A few years ago much was said regarding race suicide. To whom did this apply? To the educated and wealthier class of people.

Education is a thing that must be bought. It does not come to any man like Minerva that burst from the head of Jupiter full fledged. In order to get an education one must have time for study and reflection. Culture is born among the leisure class. The desire for individual growth and cosmic development is stronger than a mere desire to enter in a contest to determine the number of progeny he may create. Therefore the educated with this individual ambition, and a full recognition of the great responsibility of parenthood, regulate their progeny according to physiological laws, without sin or shame and limit the number too according to eugenic laws and financial ability to clothe, feed and edu-

cate.

Therefore race suicide should not be prohibited but made more general in its application.

What we need is not quantity but quality of men. If there is no limit to the size of the families other than following nature blindly it is not hard to see what a dark picture the future has in store. Our insane asylums are crowded and insanity is increasing. Epilepsy, idiocy and all the degenerate types are increasing. Crime is increasing and also poverty. Sociologists have argued the cause and many beautiful theories have been proposed. One extremist says alcohol causes all the trouble in the world and one thing after another has been made the scape goat. I have no reform to offer to regenerate mankind, but I believe our trouble has been, that we have treated symptoms and have used local treatment, while we should have attempted a diagnosis and treated the disease organically.

The various agencies of mercy at work instead of lightening the load, increase it. Nature has one law, "The fit only survive." We use every possible effort to preserve life, in every variety of degeneracy. The question might be asked why? Society can never be profited by such defectives, on the contrary the race of defectives multiply in arithmetical progression.

Do not misunderstand the writer, that he has in mind the extermination of these unfortunates, but how easy it would be to prevent their being, rather than attempt a futile cure after they have arrived. That class of individuals are only of value to the State, in proportion to their ability to create. Whether it be creations in music, art, sculpture, or in the creations from natural soil products, it matters not. Contrast this with the actual. There are millions of dollar per day men, thousands of ten dollar per day men and very few hundreds of men who have the earning capacity of fifty dollars per day. I use the dollar standard because it represents values better than any other medium of exchange.

Then it would follow from this premise that if the number in the lower stratum of life be limited, that our average in longevity, in gray matter, in physical health, morals would be raised.

How hopeless is the case of the young mechanic or young laborer, forced into the shop or mill before he has been able to acquire but the very rudiments of an education, who at the age of twenty weds

the young woman of his choice. Their only capital may be the daily earnings. In a year they are burdened with the first fruits of their wedded life. The extra expense attached takes all the savings of the past year. The expense increases each year and the size of the family increases too, and in a short time, this young fellow finds that life is in earnest a struggle for existence. If sickness comes the burden is greatly increased. The children are not clothed as warmly in winter as they should be. They are unable to go to school. Therefore, ignorance, sickness, crime as a possibility if not probability, and thus in this brief and rough picture, is reflected millions of such types in, even, America. In the older countries the conditions are worse. The greatest war of all times is a concrete demonstration of overpopulation. Selfishness and the struggle for existence, with no place in the sun, has driven a great nation to war.

The Great Teacher 1900 years ago taught Individual Responsibility. How much it is needed today. This law if put in effect would make each man responsible and it would be to him a crime to be the cause of a being brought into this world that he could not take care of. Every man should realize that he is individually responsible. If such a state could be attained, there would be no constant demand on the philanthropic, nor upon the tax payers.

Who can question that one hundred educated citizens are worth more to the State than one thousand uneducated.

The one-dollar-per-day-man might be able to barely support a wife, but how impossible it would be to care for one or more children. Life should be evaluated. It should be treated more sacredly. It should not be held in so cheap a way. Honor life by making it less numerous.

Man can not be made by rule. His conception is in such intimate relations that statutory regulations are ineffectual. Eugenics by law is a dream which can not be realized. Mankind will never consent to such a hard and fast rule as may be applied to raising stock. Man is more than a formula of chemical symbols. It would be impossible to determine his chemical nature and then hunt the world over for his affinity.

Over population is a menace. If we have one hundred millions of people in this country, in another hundred years we may have three hundred millions. Instead of there being a few sections as in our large cities, where life has its greatest

struggle, it will be almost as common over the whole country.

In New York City only 4 per cent. of the inhabitants own their own homes. Physiology teaches the laws regulating conception. These laws are known to educated people. Physicians should be the best teachers, though it is possible for others to teach the laws regulating child bearing. This question has been too long dealt with as one not fit for conversation or discussion. It is not a violation of any sacred shrine; the conservation of life is at stake.

In this brief article it is impossible to more than sketch the subject. It is possible that the wrong interpretation may be put on some points merely hinted at. It is one whose complexity enters into every relationship of humanity. The cure for mankind's ills lies within mankind's individual power; regulation of the birth rate, rather than an unsuccessful regulation of life after it comes into being.

IMPORTANCE OF MEDICAL SOCIETY WORK.*

By A. J. Crowell, M. D., F. A. C. S., Charlotte, N. C.

As the expiration of my term as Councillor for this district draws nigh, I desire, in the first place, to express to you my appreciation not only of your loyal support and co-operation in making this the best district society in the State, but also for your forbearance and patience with me for these six years I have endeavored to serve you. It is an honor unworthily bestowed but I have endeavored to show my appreciation by giving considerable of my time and means in an endeavor to stimulate an interest in the study of medicine. The organization of this society, as well as the clinical congress, in which as you know, we have endeavored to study medicine and surgery in a clinical way, was made possible by your co-operation and hearty support. I believe it is the feeling of every one who attends these meetings regularly that it is the best society we attend. Papers are read and discussed here that would do credit to our national societies. (Of course, this is to your credit). Their organization and maintenance were somewhat difficult but it has been worth while. For all of this I thank you most heartily.

The organization and maintenance of the County Medical Society has been even more difficult and of primary importance to this as well as the State So-

ciety. The greatest usefulness of the State Society, as well as the uplift and greatest usefulness of the individual member of same, is largely dependent upon the County and District Societies. We have therefore been more solicitous about the County Society than this one and I am sure you will agree with me when I say it is much harder to keep up interest in the County Society than in the District Society. I would therefore suggest to my successor that he give his greatest concern to the County Medical Society.

At a time like this—when medical science is making such rapid strides, when a great amount of research work is daily revealing wondrous truths as to the etiology, as well as prevention and cure of diseases—it behooves us as medical men, who are called to serve, to avail ourselves of every opportunity to enlighten our minds in the best way possible on these subjects, using every facility and opportunity at our command.

The Medical Society, County, District, State and National, offers a great medium through which knowledge may be obtained with the least cost and effort possible. At these meetings, and especially the National meetings, we hear at first hand, from the lips of the investigator, the results of his work and hear it in such a way as to enable us to judge their value even before they appear in print, and the discussions emphasize their importance upon the mind so forceably as to stamp their value indelibly upon our memories. It is through this medium we must keep abreast with the rapid progress of medicines. As medical men, we should not only avail ourselves of the opportunities offered by these societies to obtain knowledge but through which to impart knowledge as well. He who receives and does not in return give is an unworthy servant and himself unhappy.

The medical profession, I believe, is the only profession or occupation whose daily thought and strife tends to obliterate the excuse for his existence. In addition to his efforts to assist nature in the restoration of health, he is daily endeavoring to teach his clientele how to prevent disease. It is here the County Society's greatest usefulness lies; that is, to teach the people how to prevent the spread of the contagious and infectious diseases—to educate—as well as to influence legislation for the prevention of the spread of these diseases. This however is true, in our efforts to prevent the spread of diseases among others, we are

Again as honorable men who are protecting our own fireside.

trusted with the afflictions and infirmities of others, we would be unworthy of the confidence bestowed if we did not render unto every patient, whether he be rich or poor, the very best service possible—just such as we should desire for ourselves or our children. This can only be done by consulting the best medical periodicals and seeking the knowledge of others who are battling with the same problems and fighting the same difficulties with which we are daily confronted. Again I say, it is the medical society that offers the busy medical man the best medium through which he may keep himself posted on problems pertaining to his profession.

The hardest pushed for time and money can least afford to miss these advantages. Busy, yes, often too busy to keep up with the progress made in medicine and recorded in journals. Poorly paid—yes, and this is often due to the fact that as soon as we graduate, we stop studying and go to seed. Stop studying, and never attend society meetings. Yes, even go further and speak of them as political organizations. If they are, we should use our every endeavor to make them scientific. If they are not as powerful organizations for the prevention of the spread of the preventable diseases as they should be, we should give ourselves unreservedly to this cause and use our influence to obtain the needed medical legislation. In a multitude of council there is wisdom and in unity of effort there is strength.

In one of the great medical and surgical clinics of this country (I speak of the Mayo Clinic) I have been profoundly impressed with the importance of society work. It is due to this more than all other things combined that has made this little town of Rochester, Minn. of six or eight thousand inhabitants the medical mecca of the world. It is due to this that these great men have kept in touch with every branch of medicine and became world renown. They were not satisfied with knowledge obtained by attending every medical society within their reach but organized and maintained a weekly society within their own staff, to which every one connected therewith, from the least to the greatest, was and is expected to be present. A wonderful example of the importance of society work. In this way every member of the staff has kept in touch with progress made in every

branch of medicine.

Our Societies should be made mediums through which knowledge gained may be imparted as well. Reports should be made regularly by those attending societies and clinics, as well as to report their own clinical cases of interest. Our District Clinic Society can and should be utilized to a great advantage. Twenty years ago it was considered improper for one clinician or surgeon to visit the workshop of another. Today it is quite different. The busy physician or surgeon frequently visits his fellow's workshop and sees at first hand what he is doing. Provision is made in them for the instruction of doctors, and this enables them to compare their own technique with others. Furthermore, it enables the general practitioner to visit the workshop of the surgeon and see at first hand how he handles the surgical problems, with which he, the general practitioner, is first confronted and into whose hands most surgical cases first fall. It is through the united effort of the physician as well as that of the surgeon that we hope to subdue the ravages of tuberculosis, cancer, pellagra and other preventable diseases. I know of no better way or place to obtain and promulgate knowledge that will redound to the good of suffering humanity than through the medical society. The Panama Canal was made possible through the knowledge obtained by the united effort of medical men and given impetus largely through medical societies. There are yet many medical problems and questions pertaining to health and happiness with which we are daily confronted and with which it is our solemn duty to battle until they are subdued. This can best be done by united effort through society work.

In conclusion, I would urge that each man goes back to his respective locations with a full determination not only that the influence of the medical profession in his county shall be a more powerful factor in the study of diseased conditions, but also that he himself will take more interest in the society's work and make it a greater medium through which knowledge may be obtained and imparted and that the society of which he is a member shall be a more important agent in our community than ever before for the prevention as well as the cure of the preventable diseases and for the alleviation of suffering humanity.

STRICTURE OF THE MALE URETHRA — A DANGER SIGNAL WORTHY OF CAREFUL CONSIDERATION AND STUDY.

By E. P. Merritt, M. D., Urologist to Atlanta Anti-Tuberculosis Association; Assistant in Urology, Atlanta Medical College, Atlanta, Ga.

The male urethra in the average man is a canal about eight inches in length, lined with mucous membrane. The caliber of this canal should admit a 30 to 32 F. bulb, but in about 50 per cent. of cases meatotomy is necessary for this purpose.

Stricture of the urethra is a very important subject requiring careful thought and study to be thoroughly familiar with the condition. We have not been taught as much about this condition in medical colleges as we have of many others of much less importance, but in recent years the "G. U." man has acquired a place of importance in the colleges and his teachings are accepted with great interest. The day is passing when the Genito-Urinary chair is a side issue.

Keeping in mind the complications following stricture you find yourself on dangerous ground, since the symptoms as related to you by the patient often times would lead you astray. But with the modern instruments at our command for the diagnosis of stricture, and with the ease in which it may be accomplished we should never fail to make a correct diagnosis; for if we let the opportunity pass to do this we may feel the responsibility later.

Strictures are divided into the following groups:

(1) Congenital, or true organic stricture.

(2) Acquired, or organic stricture.

Congenital stricture; Etiology unknown. Syphilis is supposed to be a predisposing factor. This condition is not usually recognized early in life. Congenital stricture is as apt to be present in the posterior as in the anterior urethra.

Acquired or organic stricture is divided as follows: (1) Gonorrheal, (2) Traumatic, (3) Spasmodic, (4) Chemical (caused by strong irritating injections).

(1) Gonorrheal—this special type of stricture is far more common than all the others combined. Etiology—Due to invasion of the gonococci in the urethra thereby setting up an inflammatory process which continues until the stricture is developed. It often takes years for this form of stricture to develop and

*Read before Seventh North Carolina District Medical Society meeting at Rutherfordton, N. C., December 13 and 14, 1915.

it is usually confined to the anterior urethra.

(2) Traumatic—This form is not at all rare and of all the strictured conditions it will probably give you more anxiety. Etiology—As indicated by the name we usually get a history of a fall with a severe blow on the perineum. Usually this form is confined to the posterior urethra.

(3) Spasmodic—This is not so common and may puzzle the physician. Etiology—Stone in the kidney, stone in the bladder, following operations on the bladder or kidney, tight meatus, stricture of anterior urethra, inflammation of the deep urethra, etc. This type is usually confined to the posterior urethra.

(4) Chemical—This is rare and follows irritating injections. Etiology—The most frequent cause is the injection of bichloride of mercury and a few other drugs. This is confined to the anterior urethra usually.

The treatment of stricture is a very important point. Some of our best surgeons on the subject advise the dilatation method exclusively while others advocate only the cutting method. Of the two methods the one which will give the most permanent results is in my opinion the cutting method. So many strictures will stretch over a sound and contract down as soon as the sound is removed to the same calibre as before that the treatment with sounds of such cases has very little beneficial effects and does not cure the condition.

The operation of internal urethrotomy for strictures confined to the anterior urethra is such a satisfactory and beneficial procedure and accomplishes such quick and lasting results that I think it should always be done in suitable cases. Of course the after treatment with sounds must be kept up for several weeks or even months, but so doing you can be assured that you have accomplished your purpose.

Omitting spasmodic and traumatic stricture of the anterior urethra and stricture of small or large calibre will yield to the cutting process much more promptly than to that of dilatation. The end results are just as much or more satisfactory.

Of course strictures of the deep urethra must be looked upon with more hesitation since the operation is much more serious, although the dilatation method should be resorted to in all suitable cases. In these conditions the Kollman dilator is a very important instru-

ment and is very much more satisfactory than the ordinary sounds. Many strictures of the posterior urethra require an external urethrotomy but to give the full technique of this operation would require more than could be included in this paper.

The principal object of this paper is to remind those who read it of the importance and real meaning of stricture and what the condition leads to if ignored, and for the reader to carefully study the complications, symptoms, pathology, and treatment of same. If this purpose is accomplished I will feel that my time has been well spent in bringing this very important subject to mind.

924-6 Candler Bldg.

POSTERIOR URETHROSCOPY.*

By Parran Jarboe, M. D., Genito-Urinary Surgeon to St. Leo's Hospital and Glenwood Park Sanitarium, Greensboro, N. C.

While urethroscopy was used by many prior to the introduction of the irrigating urethroscope it was not until 1906 that this branch of urology became to be an entity worthy of special consideration.

The invention of the irrigating and air inflating urethroscope by Goldschmidt and Wossido brought the diagnosis and treatment of posterior urethral conditions up to that standard of perfection that was before scarcely dreamed of. In America Buerger of New York has given us an instrument that is probably the equal of the foreign made ones and very much simpler.

The one here shown which I have had made by Wappler & Co., is patterned after the Buerger instrument, with a few modifications and I think advantages. The improvement in examination due to the use of these instruments has put the pathology of posterior urethral conditions in a much clearer light and a number of disturbances in the uro-genital tract for which formerly we could not ascertain the cause are now fully explained.

The changes which are noted are many and varied: erosions, epithelial growths, granulations, swelling of the mucosa, papillomata, etc.

These may be spread out all along the posterior urethra, and the pathological changes noted at the internal sphincter, the prostatic region, the colliculus and membranous urethra.

These pathological changes cause either a persistent chronic discharge or a formation of shreds in the urine, and it is these changes that many times render futile the treatment of chronic gon-

orrhoea, and the frequent relapses are attributable to some unhealed lesion in this locality.

A long train of nervous symptoms sometimes follow disease in this portion of the genital tract such as hyperaesthesia, paraesthesias, paralgesia in the urethra and surrounding parts with frequent termination in sexual neurasthenia. The disturbances usually originate from polyps, cysts or various swelling of the colliculus, and generally if allowed to go untreated lead to premature ejaculation and impotence.

In regard to the colliculus a great deal has been said and written concerning the part it plays in the pathological condition of the posterior urethra. No doubt it is blameworthy for most of the disturbances that have been attributed to it, but we must bear in mind that all of the inflammatory conditions which we find located in the colliculus are not produced by the bacillus of Neisser. Orłowski says in his work on Impotence in Man that the infectious inflammation of the seminal collicle which of course might follow gonorrhoea is certainly rare as experience shows that chronic gonorrhoea is rarely established in the seminal collicle.

Sexual abuses, overindulgence, coitus interruptus and the like are productive of trouble by reason of the more or less constant congestion in the posterior urethra. This leads at first to a stage of hyperaemia and in the course of months or years of constant excitation there appears an infiltration or enlargement of the collicle, giving us an unquestionable pathologic picture. This is a true hypertrophy and is a fertile field for the formation of erosions, granulations and excrescences of various kinds.

Circulatory posterior urethritis and coliculitis produce only a slight muco-purulent discharge and is hidden for years under the diagnosis of post gonorrhoeal catarrh, non-specific urethritis and prostaticorrhoea. In these cases stress cannot be too strongly laid upon the importance of obtaining an accurate and careful history, we should be most diligent to ascertain if there has been a former gonorrhoeal infection, the microscope should be used unsparingly, because unless there has been a correct diagnosis there can be no correct therapy, and it is neither desirable or necessary to treat these cases empirically.

In the diagnosis and therapy of prostatic diseases the irrigating urethroscope has rendered us a valuable service. In

chronic prostatitis the urethral walls are so firm that they do not yield at all to the pressure of the irrigating fluid and often we can see little excrescences bulging into the urethra, while the enlarged lobes of the prostate protrude into it like large tumors.

Very frequently in cases of obstruction, it is of the median bar type which is readily determined with this instrument and fortunately can be effectively treated without submitting the patient to a radical operation.

Polyps probably occur more frequently in the posterior urethra than was formerly supposed and give rise to a long train of symptoms that will likely suggest the diagnosis to the trained urologist.

That tired feeling in the back with radiating pains to the hips and thighs and if at the internal sphincter dysuria and dribbling of urine with a sensation of not having completed the urinary act.

Derangement of the sexual powers are more or less constant, with frequent pollutions, premature ejaculations and lessening of the sexual power, amounting at times to a partial or complete impotence.

Here again the value of the instrument as a therapeutic agent can be fully appreciated as in the cases of the median bar formation. The galvano-cautery attachment and the ease with which the high frequency spark can be manipulated has made the obliteration of these conditions complete, relatively painless and with the advantage of being directly under control of the eye.

In calling your attention to this instrument I do not offer you a panacea for all urethral ailments, but in clearing up those obscure conditions as indicated above and applying treatment within its scope it has helped the urologist to overcome many troubles that were formerly relegated to the incurable class.

With your permission I want to report two cases that to me were extremely interesting, demonstrating two entirely different types of posterior urethral inflammations.

H. A., aged 17, white, was brought to me by his father because of frequent nocturnal pollutions. Family history negative. Usual diseases of childhood but nothing since, no venereal history. Had always been of a quiet and retiring disposition, did not care to play with boys of his age but would spend most of his spare time in his room, mental condition somewhat dull being two classes behind at school. His father says the boy took

him into his confidence because he became frightened at reading in a patent medicine pamphlet that conditions similar to his would soon send a man to the insane asylum. On questioning this boy he admitted having masturbated daily and several times a day up until three months previous, his mother said lots of times she had found trashy dime novels and lascivious literature in his room. He had stopped masturbating because of an impressive lecture he had heard at the Y. M. C. A. on its dangers, but the pollutions continued from three to six times a week. Boy was well developed and well grown for his age; external genitals normal except for long prepuce prostate; and seminal vesicles apparently normal; microscopic examination of expressed secretion negative, there was a slight mucous cloud in the first glass but none in the second. The urethroscope showed a deep congestion along the prostatic portion of the urethra with the colliculus enlarged about twice its normal size. Owing to the hyperaemia it was difficult to keep the surfaces from bleeding. There was extreme hyperesthesia.

The diagnosis was non-specific posterior urethritis with hypertrophy of the collicle. The treatment was both constitutional and local. Careful directions were given as to diet with nothing for supper but hot malted milk, the bowels were made to move at least twice a day and if they had not acted in the afternoon an enema was given before retiring, a cold spinal sponge was given each night just before getting in bed and a knotted towel tied around the waist to keep him off his back. Internally he took a mixture of Tr. Gelsemium and Peacock's Bromides.

The local treatment consisted of a cauterization of the collicle with a 50 per cent. silver nitrate solution once a week; after the second week the pollutions were lessened, and after the fourth he had not had an emission in two weeks. I see this boy quite often and after five months he remains well and has improved in every particular.

Mr. H., aged 27; white.

F. H., negative.

Previous history: Gonorrhoea two years ago, was properly and thoroughly treated and pronounced cured.

For the past year has suffered from a stinging pain in the posterior urethra especially after urinating, erections were sometimes painful, could generally get a drop of thin mucoid material from the meatus on arising in the morning.

Prostate had been massaged regularly for past several weeks by his physician.

Examination: Prostate and seminal vesicles normal, soft and pliable; no concretions or formations in either.

Expressed secretion from the prostate and vesicles showed no gonococci. The urine was practically normal, showing only a slight cloud with a few mucous shreds in the first glass, second and third glasses clear. Urethroscope showed a cauliflower shaped excrescence about the size of a split pea in the membranous urethra just in front of the collicle.

There was a slight infiltration of the surrounding urethral tissue, with a little grayish mucoid material covering the tumor, smears made directly from this region showed no gonococci.

Treatment under novocain anaesthesia the growth was cauterized with the Oudin current through the urethroscope, four applications being made at intervals of two weeks.

The burning each time was very shallow, care being taken to keep the spark well within the confines of the tumor.

By this method the growth was entirely obliterated, and there was a gradual and marked improvement in all symptoms.

Very little pain was experienced by the patient and there were no unfavorable sequelae following the treatment.

Dixie Building.

THE CLIMATE OF RENO, NEVADA, FOR THE TREATMENT OF TUBERCULOSIS.

By John Roy Williams, M. D., Reno, Nevada.

Formerly of Hendersonville, N. C.

Effort has been made to decry the value of climate in the treatment of tuberculosis, which, in my opinion, is both fundamentally wrong and without scientific support. My opinion is based upon twelve years' practical experience and observation. I have observed the effects of climate in several localities, and I find that the nearer approach to what is called the ideal climate, the better are the effects manifested towards an arrest or cure of the disease.

Many writers state that tuberculosis can be treated at home, yet those same writers invariably state that, with more favorable climatic conditions, the best opportunity for an arrest or cure is afforded.

The arguments of the repudiators of

*Read before the Guilford County Medical Society, December, 1914.

the value of climate are two in number: (1) That some cases recover in any locality, and (2) that some cases fail to recover in spite of having the opportunity of applying the most favorable climatic conditions. Both contentions are admitted to be true, but I do not believe that as many cases get well without change to favorable climatic environments, or that near so many die with a change to a favorable climate.

There are four very important factors in the treatment of tuberculosis: (1) Money; (2) a physician schooled in the treatment of the disease; (3) drugs, specific and otherwise when indicated, and (4) climate.

The first factor merely means the ability to give up all occupation while the physical condition is such as to require it; and further, to pay for the necessities such as a sojourn in a climatic resort, the necessary nourishment, medicines and professional advice.

The second factor requires but little, if any, discussion. It must be admitted, all else being equal, the expert in any line of thought or work produces the better results. Certainly the physician who has given much study to the diagnosis and treatment of tuberculosis, and has gained an experience from a personal application of a knowledge acquired by a painstaking study, is better mentally equipped to more properly treat the tuberculous than the physician who has given the disease no special study.

Any physician who has treated any considerable number of tuberculous cases will admit that drugs, under certain conditions, are an important part of our phthisio-therapeutic armamentarium. I admit that we have so far failed to find an absolute specific for tuberculosis, yet clinical experience shows positively that the tuberculins exert at least a partial specific action. For certain non-tuberculous complications, we are often compelled to resort to other medications.

For a number of what I consider to be very good reasons, I believe that climate is a most important factor in the successful treatment of tuberculosis. It is a disease which makes such demands upon the physiological forces of the body, and in many cases so over-taxing those forces that they become inadequate to successfully meet the inroads of the disease, requiring that some external forces be invoked to assist nature which is no longer able to make the fight.

Those factors which influence the effects of climate in tuberculosis are: (1)

temperature, (2) humidity, (3) sunshine, (4) precipitation, (5) air movements, (6) altitude and (7) character of the soil.

Climatologists are unanimously agreed that a cool temperature is invigorating, while a hot temperature is enervating. A cool temperature facilitates the "harden-in process," which is so essential in the treatment of tuberculosis. Clinical experience confirms this, and it is found that the tuberculous improve more rapidly during the cooler months of the year. Cool air, associated with altitude brings about an actual increase in the red blood cells and of the haemoglobin content, overcoming the anaemia associated with tuberculosis.

There is a reasonable limit to coldness, however. By the very weak and emaciated, extreme cold is not well borne, and even those cases with a greater vitality will probably get as beneficial effects from a moderately cool air, especially since it affords a more pleasurable and comfortable out-door life. It is generally accepted that a diurnal variation of from 20 to 30 degrees is requisite for a good climate for tuberculosis.

Humidity.

Dryness of the air, within reasonable limits, is very important to the tuberculous. A low per cent. of humidity makes for a more comfortable out-door life. Dryness makes the feeling of heat and cold less noticable, and when associated with a cool temperature, we get greater heat dissipation with a consequent greater heat production, improving the appetite, digestion, assimilation with improved tissue building, which is so necessary in the arrest or cure of tuberculosis.

Sunshine.

The bugle-call to out-door life is sunshine, more especially when the air is cool and reasonably dry. It is a stimulant to all the vital processes of the body. One of its greatest values, however, is its germicidal action, producing a lower bacterial count in the atmosphere. This means lessened opportunity for re-infection from the tubercle bacillus, and from the mixed infections so frequently associated with the disease.

Precipitation.

This factor may be disposed of by saying that, with little precipitation we have less humidity, more sunshine, less fogs, producing conditions most favorable for out-door life. Precipitation in the form of snow is preferable to that of rain.

Air Movements.

They assist in cooling the temperature,

in lowering the humidity, bringing about a greater heat dissipation and production, with the consequent beneficial effects upon metabolism. But high winds are undesirable as they interfere with the comfortable out-door life. The air movements are the ventilating force of a city or town.

Altitude.

Associated with the higher altitudes, we find temperature, humidity, sunshine, precipitation (in some localities), purity of the air best suited for the successful treatment of tuberculosis. When associated with a cool, dry air and lots of sunshine, we find the blood forming organs more active, with increase in the number of red cells, haemoglobin content and lymphocytes, the last now known to be one of the most important elements of the body in resisting a further invasion of the tubercle bacillus.

Character of the Soil.

A dry, porous subsoil is accepted as best for better climatic conditions. It gives off less moisture to the air to increase humidity, and fogs are less frequently experienced.

While not truly a climatic factor, the purity of the air is of great importance. For example, Denver has a most excellent climate, but its advantages are very largely offset by a very impure air. In large and densely populated cities, the air is usually found badly contaminated with smoke and its attending gases, making it undesirable to both the sick and the well, but more so to the tuberculous and the asthmatic.

In Reno is Found an Invigorating Climate. It has a cool, dry, sunny, germ-free and pure air, with a reasonably high altitude and a dry porous subsoil. It is a beautiful little city about 12,000 souls, not densely populated, has no manufactures pouring out smoke and gases, and the air is as sweet and pure as can be found in any inland city. While reasonably cold in winter, yet, unlike Denver and Colorado Springs, it does not reach the excessive. During the spring, summer and fall, the climatic conditions are about the nearest approach to the ideal that can be found in any climatic resort in the United States.

I have selected Asheville, Colorado Springs, Denver, El Paso, Los Angeles, Phoenix and Reno for a comparative analysis of climatic conditions, as they represent the leading climatic resorts of the United States. An examination of the following tables will show Reno's

superiority over all of them as a climatic resort.

MEAN ANNUAL TEMPERATURE.

	Spring	Sum.	Fall	Win.	An'l
Asheville	.55.0	71.0	55.9	37.1	54.8
Colorado Springs ..	.44.8	65.5	48.6	29.5	47.0
Denver	.52.8	70.1	52.5	32.5	50.0
El Paso	.66.0	80.8	67.1	46.3	68.5
Los Angeles ..	.59.6	70.0	64.5	55.3	62.5
Phoenix	.67.1	88.1	71.5	52.8	70.0
Reno	.47.3	65.0	53.0	35.8	50.0

MEAN MAXIMUM TEMPERATURE.

	Spring	Sum.	Fall	Win.	An'l
Asheville	.66.3	81.6	68.3	49.6	72.0
Colorado Springs ..	.57.3	79.0	63.0	42.3	60.0
Denver	.60.6	84.0	64.6	43.6	63.0
El Paso	.78.6	94.0	77.1	59.6	77.0
Los Angeles ..	.70.0	81.6	76.6	65.6	74.0
Phoenix	.81.6	102.3	86.0	66.3	84.0
Reno	.60.6	83.6	65.0	44.6	64.0

MEAN MINIMUM TEMPERATURE.

	Spring	Sum.	Fall	Win.	An'l
Asheville	.43.0	59.6	44.3	28.6	44.0
Colorado Springs ..	.32.3	52.0	35.0	16.6	34.0
Denver	.35.0	56.3	37.0	18.3	37.0
El Paso	.50.0	67.6	50.3	33.0	50.0
Los Angeles ..	.49.3	58.3	52.3	45.6	51.0
Phoenix	.52.6	73.0	57.0	39.3	56.0
Reno	.34.0	50.0	36.3	27.0	36.0

The annual mean temperature for Colorado Springs, Denver and Reno are about the same, but when considered for the different seasons Reno is found to have a decided advantage. For Spring and Fall they are about the same, but during the summer Reno has an advantage by having cooler nights, while in the winter, Reno is about 10 degrees warmer. The temperature conditions of Asheville are excellent, but that advantage is very largely overcome by the very high degree of humidity at all seasons of the year. At El Paso, Los Angeles and Phoenix, the temperature at all seasons of the year is too high for the best effects of temperature.

RELATIVE PERCENTAGE OF HUMIDITY.

	Spring	Sum.	Fall	Win.	An'l
Asheville	.75.8	79.0	79.8	76.8	78.0
Colorado Springs ..	....	....	....	....	....
Denver	.50.6	48.6	46.1	54.0	49.8
El Paso	.25.0	36.8	46.3	46.3	39.5
Los Angeles ..	.73.6	75.0	70.0	65.3	72.0
Phoenix	.32.1	32.1	40.3	46.3	36.0
Reno	.52.1	43.6	53.1	70.3	55.5

Relative humidity for Colorado Springs is not given, as the only readings reported from there are made at noon.

Further, the only report I have been able to get from there is the mean annual humidity. Those figures show for the years 1910-1914 inclusive, 43.6 per cent. I am informed by the Director of the Weather Bureau that, while no accurate record is kept for the noon readings at Reno, it would be about 40.0 per cent. So it may be stated that the relative humidity for Colorado Springs and Reno is very near the same. El Paso and Phoenix have a lower humidity than Reno, but at those two points the per cent. is really too low for the best effects in the treatment of tuberculosis. It is so dry at those points that cough mixtures must be resorted to in order to keep up the drainage from the diseased foci.

The per cent. of humidity at Colorado Springs, Denver and Reno is about the same for the year, but Reno has an advantage during the summer when a low humidity is most desired. As for Asheville, Los Angeles the per cent. of humidity is high for all seasons of the year, Reno averaging 16.5 per cent. less than Los Angeles, and 22.5 per cent. less than Asheville for the year. Between 50 and 60 per cent. of humidity might well be accepted as being within the ideal in the treatment of tuberculosis.

PER CENT. OF SUNSHINE.

	Spring	Sum.	Fall	Win.	An'l
Asheville.. . . .	59.6	59.6	66.0	52.3	59.0
Colorado Springs . . . . .	....	....	....	....	....
Denver.. . . .	65.1	68.3	68.3	69.3	69.0
El Paso	86.6	83.0	81.6	74.0	81.0
Los Angeles	66.3	73.6	73.7	73.6	73.0
Phoenix	84.6	86.3	86.0	78.6	84.0
Reno.. . . .	70.6	84.3	76.3	64.3	71.0

Phoenix is admittedly the sunniest resort in the United States, with El Paso a close second. But the extreme heat at those places more than counterbalances that advantage. Los Angeles, Denver, Colorado Springs (figures not reliable), and Reno have about the same percentage of sunshine, Reno having a very slight advantage over Denver and Colorado Springs, and Los Angeles having a very small advantage over Reno, but which is more than offset by Los Angeles' higher humidity.

DAYS WITH PRECIPITATION

(.01 inch or more)

	Spring	Sum.	Fall	Win.	An'l
Asheville.. . . .	36	46	22	29	133
Colorado Springs	21	28	12	10	71
Denver.. . . .	26	25	14	15	80
El Paso.. . . .	5	20	13	9	47
Los Angeles	14	2	6	18	40

Phoenix	5	12	8	9	34
Reno	15	9	9	21	54

AMOUNT OF PRECIPITATION (inches)

	Spring	Sum.	Fall	Win.	An'l
Asheville	12.90	14.00	9.28	13.38	49.56
Colorado Springs.	4.50	7.00	2.00	0.80	14.30
Denver	5.40	4.40	2.20	1.70	13.70
El Paso.. . . .	0.90	4.40	2.60	1.40	9.30
Los Angeles	4.30	0.10	2.30	8.90	15.60
Phoenix.. . . .	1.00	1.90	1.70	2.20	6.80
Reno.. . . .	2.60	0.50	1.80	5.40	10.40

In days with and the amount of precipitation, Reno makes an excellent showing. Reno's 54 days with precipitation looks really worse than it is, as it is usually very light, lasting but a few minutes, occurring principally at night leaving the days for out-door life. A little more than half of Reno's precipitation occurs in the winter in the form of snow, which is preferable to rain. While the precipitation at El Paso and Phoenix is less than for Reno, yet both places have more rain than Reno. But with the possible exception of Asheville, none of these resorts have enough precipitation to interfere with the climatic conditions necessary for a good climatic resort.

I have not complete figures for wind velocity, but will say the average wind velocity for Reno is 5.7 miles per hour for the year. During no month is it in excess of 7.8 miles. The wind velocity for Asheville, Denver, Colorado Springs, El Paso and Phoenix is over 8.0 miles per hour the year round, while for Los Angeles it is about 8.0 miles per hour.

Asheville, Denver, Colorado Springs, Los Angeles and El Paso all experience fogs, while in Reno and so far as I have been able to learn, Phoenix, there are never any fogs.

The altitude of Reno is 4,532 feet, which will be accepted universally as being well within the ideal. That of Colorado Springs is 6,182 feet, which in my opinion is excessive. Denver has an altitude of 5,280 feet, while El Paso has about 3,458 feet. Los Angeles has an altitude of only 287 feet, and Phoenix about 1,100 feet, both of which are too low.

All of the climatic data herein is taken from the United States records, and are authentic. A little study of them will quickly convince that Reno possesses one of the most delightful climates in the United States, and that if there is any therapeutic virtue in climate, Reno offers a near approach to the ideal.

Observation of sufferers from tuber-

culosis under the influence of this climate has convinced me that this location is an ideal one for such sufferers. It also seems indicated in rheumatism, hyperthropic catarrh, bronchitis, asthma and hay fever, and hearts that are small and muscularly weak are found to improve markedly.

Winter Coughs and Colds.

The severe and often intractable coughs of winter colds too often owe their continuance to systemic weakness. To relieve and overcome them it is essential to raise the vitality and nutrition of the whole body. For this purpose there is no remedy so prompt and reliable in its effects as Gray's Glycerine Tonic Comp. and its easily proven efficiency in affections of the respiratory tract—chronic bronchitis, incipient tuberculosis, asthma, laryngitis and catarrhal diseases in general—readily accounts for its widespread use by the profession in this class of ailments.

Its regular systematic administration rapidly restores the nutritional balance and as patients gain in strength and weight usually the most intractable coughs grow less and less and finally disappear.

Not a Digestive Substitute.

The amount of actual harm done with the best intention, by continually supplying the digestive organs with digestants, or ferments, instead of encouraging them to generate their own, is doubtless greater than we realize. It is not very often that one need order predigested food for a patient, although occasions may and do present themselves when this is advisable. But the indiscriminate use of pepsins and similar substances from the vegetable kingdom, in the management of many patients with weakened digestive powers, is scarcely to be justified. A much more useful remedy, because of its being a true stimulator to the digestive functions, gastric and intestinal, is Seng. This well-known preparation contains the active principles of *Panax* (Ginseng), and is especially useful because it stimulates the physiologic activity of the digestive glands and thus "helps them to help themselves"—obviously the most desirable therapeutics in all functional cases. It should be remembered, therefore, that Seng is not a ferment to digest food which weakened organs cannot care for in their natural manner. Instead, its action is to restore tone and vigor to the secretory structures

so that they are able to evolve and supply their own ferments. Seng is a very agreeable remedy to take, and its benefits are manifested in surprisingly short order. In convalescence from fevers or diseases impairing the digestive functions it is unquestionably one of the most efficient remedies being used by medical men today.

The usefulness of good Hypophosphites in Pulmonary and Strumous affections is generally agreed upon by the Profession.

We commend to the notice of our readers the advertisement on page XIV of this number. "**Robinson's Hypophosphites**" is an elegant and uniformly active preparation; the presence of quinine, strychnine, iron, etc., adding highly to the tonic value.

Pyorrhea is gradually being recognized as the causative agent in many pathological conditions which long baffled the medical practitioner. Physicians who formerly looked past pus—containing spongy gums to a more or less normal pair of tonsils, are focusing their diagnosis on lesions about the teeth. In their early incipency these lesions are hard to recognize and are frequently missed even after an examination by the dentist. While the abscesses may be very minute their growth is gradual and they continue to furnish a certain amount of toxic material day after day. The patient may never complain of trouble about the teeth and the conditions gradually grows worse until the teeth become loose and painful.

It is now known beyond any doubt that pyorrhea is the causative factor and the primary focus of infection in many cases of systemic diseases.

With the knowledge now available to the physician concerning the etiology of pyorrhea, and a means of administering the ipecac alkaloids by mouth in large doses without nausea by means of Alcresta Tablets of Ipecac, it is entirely within the bounds of reason to expect many startling results from the use of the alkaloids of ipecac in complications that have stubbornly refused to yield to medical treatment.

It is however quite essential that the physician co-operate with the dentist and vice versa as best results in the treatment of both pyorrhea and the conditions accompanying the disease will be secured only if proper attention is given both to constitutional and local dental treatment.

Charlotte Medical Journal

Published Monthly.

EDWARD C. REGISTER, M. D., EDITOR

CHARLOTTE, N. C.

TRI-STATE MEDICAL ASSOCIATION OF THE CAROLINAS AND VIRGINIA.

The eighteenth regular annual session of the Tri-State Medical Association of the Carolinas and Virginia will be held in Richmond, Va., Wednesday and Thursday, February 16 and 17, 1916, under the presidency of Dr. James H. McIntosh, Columbia, S. C.; and Dr. R. E. Hughes, Laurens, S. C., Secretary.

The officers of the society and an interested membership composing many of the leading men of the profession of the three constituent States, are securing papers for the meeting that will render it especially noteworthy in the character and extent of the literary program to be served. Members not already listing titles should confer with the Secretary without delay that place may be secured as it is expected to complete the list of accepted papers for the program at an early date.

Organized in large measure at the instance of a suggestion from that great surgeon of the Southland, Dr. Hunter McGuire of Richmond, the Tri-State has held two previous sessions in Richmond, one in 1901 and again in 1910. Both occasions were among the most delightful, and the average Tri-State member now contemplates a trip to Richmond in February to the Tri-State session as one of the choicest delights of his possible professional trips during the coming year.

And well it may be so viewed. The program will be one of the best possible to be secured from talented men of the profession, the discussions will be short, sharp, pertinent and to the point, as the discussions of this society usually are, the spirit of good fellowship, manifest in no society to greater degree, will greet one on every hand, and last but by no means least, the never-ending charms of a visit to Richmond, Dear Old Richmond on the James, all combine to render the prospect of a good meeting very bright.

The Richmond Academy of Medicine, as well as more than one prominent local member of the profession, have signified their intention of affording every doctor, and his lady friends, attending, ample opportunity for tasting the sweets

of oldtime Virginia hospitality, and it is safe to say at no meeting the Tri-State has ever held has there been given with more lavish hand a more cordial welcome than that which Richmond physicians will extend to the Tri-State next month.

DR. JOHN F. ANDERSON RESIGNS FROM THE U. S. P. H. SERVICE TO ACCEPT APPOINTMENT AS DIRECTOR OF A PRIVATE MANUFACTURING LABORATORY.

Dr. John F. Anderson, U. S. P. H. Service, late Director Hygienic Laboratory of the United States Government has resigned from the National Public Health Service to accept the position of director of the research and biological laboratories of a well known eastern manufacturing drug firm.

Dr. Anderson has been indentified with the government research and biological work for many years and has been considered one of the most capable men in the service. Not only here but as member of the United States Pharmacopoeia Revision Committee, and as member of the Council of Pharmacy of the A. M. A., it has been his good fortune to render most valuable assistance to the profession.

In a statement recently given out he says, "I am leaving the public health service of the government in which I found so much satisfaction and in which I had fully expected to complete my life work, because the offer guaranteed my scientific independence, and gave me absolute powers to direct and control all the operations of the research and biological laboratories."

Not many years ago the remark was frequently heard among physicians that only medical men of secondary character and possessing minor knowledge entered the service of manufacturing chemists and other trade corporations, but today such comment would be manifestly unfair and untruthful. It may be further suggested in this connection that unless there is a revival of interest in the study of drug therapy among the teaching medical faculties of the nation, and more study given to the internal treatment of disease by the large hospitals used for clinical instruction, a decade hence the profession will possibly be looking to the laboratories of great

manufacturing plants for their firsthand information as to the action of the newer remedial agents. Without in any degree decrying the splendid results occurring from modern surgical investigation,* it is certainly true the profession needs to give increased study to internal medicine and the treatment of disease by medicines as well.

J. H. W.

DR. E. G. MOORE ELECTED MEMBER N. C. STATE BOARD OF MEDICAL EXAMINERS.

The sad death of Dr. Chas. T. Harper, Wilmington, N. C., during the past summer created a vacancy in the North Carolina State Board of Medical Examiners which was filled at a recent session of the Board held in Raleigh, N. C.

Since the organization of the Board in 1859 eighty-one North Carolina physicians have held the position of State Medical Examiner, and one is safe in saying the State Medical Society has most jealously regarded, and with great wisdom exercised the power placed in its hands by the Legislature of 1848-9 when it made the State Medical Society the sole appointee of members of this important board. From time to time, as occasion and experience made it apparently needful, changes have been made in our State medical laws in North Carolina, but this feature has remained just as originally enacted fifty-five years ago.

No physician has ever held a second term, and rarely has a physician elected by the medical society to this honorable, though laborious service, failed to serve the full term. That the society has been careful in its selection is well attested by the personal and professional records of the great majority of physicians who have held this choicest honor of the medical organization of a great State. With rare exceptions indeed the members of the Board have been the elite of the Carolina profession, educated, accomplished gentlemen, successful physicians, men of character in their respective communities; ever counted a roll of honor, by common consent, the society has so esteemed and maintained its standards of selection.

In the three or more instances since 1849 when a vacancy has occurred by the death or resignation of a member, the Board itself has fully maintained the high standards set by the society in filling vacancies, and in the present instance the Board has discharged the unusual responsibility to the profession and the

State of selecting a member for the ensuing five years to fill the late Dr. Harper's place, with nicety of discrimination and a wisdom of election that will be approved all over the State.

The new member, Dr. Edwin G. Moore, Elm City, N. C., is well and favorably known as a polished gentleman, a charming companion, a finished orator, a successful man of affairs in his home community, a skilled physician, and since his graduation at the University of Maryland in 1883, and his admission to the State Medical Society the same year, he has been a regular attendant and an active participant in the work of the State medical organization. As first Vice-President, an Annual Orator, and in every position he has occupied, Dr. Moore has most worthily worn the honors enjoyed by him from the profession, and the general sentiment among physicians is one of hearty approval of the Board and of warm congratulation to Dr. Moore on his new honor and responsibility. He is a worthy acquisition to one of the most capable State Medical Examining Boards North Carolina has had.

J. H. W.

THE SEABOARD MEDICAL ASSOCIATION MEETING IN NORFOLK VA.

The twentieth annual session of this popular medical society was held in Norfolk, Va., December 8-9, under the presidency of Dr. Israel Brown of that city.

The membership, largely obtained from the coast plain of Eastern Carolina and Virginia, ever delighted at the prospect of a visit to Virginia's famous and hospitable chief seaport, were in full attendance, and the meeting was pronounced one of the most successful held.

Many excellent papers were read, the discussions were keen, enlivening and spicy at times, and the social diversions fully maintaining Norfolk's delightful standard of hospitality.

Major T. C. Lister, U. S. A., was present as the representative of General Gorgas and explained in detail the purposes of the National Board of Medical Examiners after which the Association gracefully passed a resolution endorsing the establishment of the Board.

An old-fashioned oyster roast at Cape Henry, a trip around the harbor during which sail luncheon was served the visitors, a visit to the United States Naval Hospital, with special entertainment for the visiting ladies accompanying the

physicians gave added zest to the purely scientific duties of the session.

President Brown's address on "Duties of Physicians," was an instructive contribution to the medico-sociologic literature of the profession.

Dr. C. B. McNairy's "Annual Oration" on "Feeble-mindedness and the Insane," was listened to with interest.

Among the important papers of the session were the following:

An interesting paper on "Treatment of Cancer by the Percy Cautery" was read by Dr. E. C. S. Taliaferro of Norfolk, and Dr. J. H. Hiden of Pungoteague, Va., read a paper on "Some Reflections Upon the Prevention of Bright's Disease." Dr. Frank P. Smart of Norfolk read a paper on "Some Neglected Aspects of Common Colds," and in "The Differential Diagnosis of Appendicitis and Typhoid," Dr. John M. Winston of Norfolk dealt with the necessity of careful differential diagnosis on account of the frequent similarity of symptoms in the two diseases.

In his paper on "Latent Syphilis." Dr. D. Lee Hirschler gave some interesting facts in connection with the disease, expressing the opinion that one treatment of salvarsan was often insufficient, and sometimes left the patient in a worse condition than he was before receiving it.

The paper on "Maternal Impressions," by Dr. W. B. Barham of Newsoms, brought out a surprising statement from Dr. C. B. McNairy, superintendent of the North Carolina Institute for the Feeble Minded at Kinston, N. C. Dr. McNairy stated that whenever a feeble minded child was born to mentally healthy parents, the condition of the child was in nearly every case due to the mother's desire not to give birth to it.

Dr. D. L. Harrell of Suffolk spoke on "Gastric Ulcer, the Importance of Early Diagnosis," and Dr. George A. Caton of New Bern, N. C., on "Gastro-enteroptosis." A paper on "Caesarian Section" was read by Dr. George K. Vanderslice of Phoebus, and one on "Acute Osteomyelitis," by Dr. Kirkland Ruffin of Norfolk. The afternoon program was concluded by "Arthritis," by H. D. Howe of Hampton, and "Supra-pubic prostatectomy Under Local Anaesthesia" by Dr. R. L. Payne, Jr., of Norfolk.

"Chronic Focal Infection of the Nose, Throat and Ear," Dr. M. R. Gibson, Raleigh, N. C.

"End Results of Abdominal Operations for Inflammatory Diseases of Pelvic Organs in Women," Dr. G. Paul La Rouque,

Richmond.

"Sciatica," Dr. C. D. Kellam, Norfolk.

"Pyloric Obstruction—Report of a Case," Dr. J. E. Rawls, Suffolk.

"Further Observations on the Use of Nitrous Oxide Oxygen and Report of 2,800 Cases," Dr. Southgate Leigh, Dr. James H. Culpepper, Dr. Harry Harrison, Norfolk.

"Strabismus," Dr. A. A. Burke, Norfolk.

"Goitre," Dr. J. K. Corss, Newport News.

"The Phenomena of Autointoxication as Related to the Psycho-Neuroses," Dr. J. Allison Hodges, Richmond.

"Some Problems in Infant Feeding," Dr. W. L. Harris, Norfolk.

"The Treatment of Benign Tumors of the Bladder With High Frequency Cauterization," Dr. Thomas V. Williamson, Norfolk.

"Pyelitis in Infancy and Childhood," Dr. L. T. Royster, Norfolk.

"Necessity of the Hemolytic Reaction in Blood Transfusion and Some Studies on Dogs," Dr. W. T. Barrett, Kinston, N. C.

"Bacterial Vaccines in Theory and Practice," Dr. George C. Beach, National Soldiers' Home, Va.

"Cancer, the Value of Great Work Being Done at the Rockefeller Institute of New York," Dr. Daniel Dees, Bayboro, N. C.

"Cancer of the Large Intestine," Dr. George W. McAllister, Hampton.

"Treatment of Inoperable Cancer by the Percy Cautery," Dr. E. S. C. Taliaferro, Norfolk.

"Some Reflections Upon the Prevention of Bright's Disease," Dr. J. H. Hiden, Pungoteague, Va.

"Some Neglected Aspects of Common Colds," Dr. Frank P. Smart, Norfolk.

"The Differential Diagnosis of Appendicitis and Typhoid," Dr. John W. Winston, Norfolk.

"Latent Syphilis," Dr. Lee Hirschler, Norfolk.

"Gastric Ulcer, the Importance of Early Diagnosis," Dr. D. L. Harrell, Suffolk.

"Gastro-enteroptosis," Dr. George A. Caton, New Bern, N. C.

"Caesarian Section," Dr. George K. Vanderslice, Phoebus.

"Acute Osteomyelitis," Dr. Kirkland Ruffin, Norfolk.

"Arthritis," Dr. H. D. Howe, Hampton.

"Bone Surgery, Report of Some Cases," Dr. Joseph T. Buxton, Newport News.

"Super-pubic Prostectomy Under

Local Anesthesia," Dr. R. L. Payne, Jr., department.
Norfolk.

President.—Dr. David T. Tayloe, Washington, N. C.

First vice-president, Dr. Kirkland Ruffin, Norfolk.

Second vice-president, Dr. J. B. Ruffin, Powellsville, N. C.

Third vice-president, Dr. R. L. Williams, Norfolk.

Fourth vice-president, Dr. William E. Warren, Williamston, N. C.

Treasurer, Dr. George A. Caton, New Bern, N. C. (re-elected).

Secretary, Dr. Clarence Porter Jones, Newport News (re-elected).

Washington, N. C., was selected as the convention city for 1916.

Editorial News Items.

The Tucker Sanatorium, Inc., at Madison and Franklin streets, Richmond, Va., is the private sanatorium of Dr. Beverley R. Tucker, and was moved to this location from 102 and 104 East Grace streets, Richmond, Va. This sanatorium is for the care and treatment of nervous cases. Insane and acute alcoholic cases are not taken. It is situated on West Franklin street, one block above the Jefferson Hotel, and occupies about one-fourth of a city block.

This property was formerly the residence of General Bradley T. Johnson, and the beautiful old mansion has been remodeled completely for sanatorium purposes and in addition a new building, consisting of three floors and a basement, has just been completed. There is a medical gymnasium, electric light baths and an electro-therapeutic room, a massage department and a complete hydro-therapy arrangement in a high, light basement.

Surrounding the Sanatorium on all sides is a spacious lawn with magnificent old trees and shady walks. There are also large verandas opening out on this lawn.

The place is altogether ideal for rest and recuperation, and patients will find here the seclusion of the country in the heart of the city with every modern convenience. The hydro-therapy, massage, medical electricity and exercises are under the charge of experienced persons and there is a training school for nurses in this special line of work. Dr. Tucker will have his offices at the Sanatorium, thus affording facilities for his maintaining, with a full corps of specially trained experts, personal supervision over every

Dr. Tucker is well and favorably known to the medical profession, a gentleman of most pleasing personality, a strong and forceful speaker and skilled debater in medical meetings, a teacher of ability, and withal a man largely endowed with that splendid combination of attributes that go to make up the skilled alienist.

Domiciled in an admirably located institution, it is safe to predict Dr. Tucker's Sanatorium will immediately take its place among the many excellent private medical and surgical institutions that have made Richmond, Va., specially noted as a medical center developed on this line in advance of many cities of half a million population.

The Mission Hospital—By the will of the late Mrs. Charles Francis of Massachusetts, who has for many years been a frequent visitor at Asheville, N. C., the Mission Hospital of that city receives an additional sum of \$20,000.00 towards its permanent endowment fund. Mrs. Francis has often remembered the institution in its earlier days, the operating room having been provided for by her and bearing a tablet to the memory of her son, Edwin Hayden Herrick.

The South Carolina State Board of Health at the December meeting in Columbia decided upon the following plan of operations relative to the forthcoming session of the Legislature.

Beginning with the State Sanatorium for tuberculosis the board will ask the Legislature for \$25,000 for the erection of a dining room, kitchen, a second ward for men and a ward for women and also for maintenance funds.

The aggregate of the proposed budget is \$67,863.75, which, in addition to the above request, includes the following: Maintenance of the bureau of vital statistics \$5,000, contingent fund for protection against the spread of contagious diseases and the free distribution of diphtheria anti-toxin \$20,000, stamps and printing \$1,000, executive committee \$2,000, salary of the State health officer \$3,000, traveling expenses \$1,000, salaries of the director of the laboratory \$2,500, bacteriologist \$1,500, clerk \$720, janitor \$456.25, assistant State health officer \$750, traveling expenses \$337.50, two units for intensive county health work \$3,600, three beds at the State sanatorium \$1,000.

Tri-State Medical Association—The social features attendant on the eighteenth session of the Tri-State Medical Association of the Carolinas and Virginia in Richmond, February 16 and 17, 1916, are reported to be very attractive. While a good program will occupy the two full days, morning, afternoon and early evening, yet two elaborate functions, and a number of smaller dinners already arranged for, with the genial influence of Virginia hospitality, will make the occasion a genuine delight for the many Carolinians who purpose attending the Richmond meeting.

Lumberton Medical Society—The local physicians of Lumberton, N. C., have organized themselves into a society known as the Lumberton Medical Society. The following officers have been elected: President, Dr. N. A. Thompson; Vice-President, Dr. H. T. Pope; Secretary-Treasurer, Dr. R. S. Beam. The society will hold regular semi-monthly meetings in the office of the Secretary-Treasurer. The Robeson Medical Society was entertained by this new organization on January 5th.

Dr. J. A. Martin of Forsyth County will locate in Lumberton, N. C., for the practice of medicine. He will be associated with Dr. T. C. Johnson. Dr. Martin is a graduate of the Medical College of Richmond and is considered a very capable young professional man. For the last year or so he has been an interne in Stuart's Circle Hospital.

Dr. J. A. Collins, Enfield, N. C., died December 23rd. He was seventy-nine years old. He was born in Ireland, 1836, and came to America at the age of twelve. He received his degree of Doctor of Medicine from the Bellevue Hospital Medical College, New York, in 1869. During the Confederate War he served as Lieutenant in the North Carolina Regiment. He exhibited many evidences of bravery while in the army.

Dr. Chas. E. McBrayer, of the United States Army, has been transferred from San Francisco to the Panama Canal Zone. His military rank is that of Captain. Dr. McBrayer is the son of Dr. T. E. McBrayer of Shelby, N. C.

Dr. Chas. E. deM. Sajous of the New York Medical Journal has recovered from an operation he underwent some weeks ago and is completely restored to health.

This is welcome news to his numerous friends. Dr. Sajous is one of the most accomplished medical writers we now have. His large two-volume work on "Internal Secretion" is one that has been received by the medical world with such approval that it is very gratifying to his friends. We understand that he has several other manuscripts in preparation that will soon appear in book form.

Dr. Julius Alexander Faison, Bennettsville, S. C., died at his home December 21, 1915, at the age of sixty-five. A native of Faison, N. C., he studied at Trinity College and later was graduated from the Jefferson Medical College. He was a general practitioner in Eastern North Carolina for several years and was for several years assistant physician at the State Hospital for Insane in Raleigh, N. C. He removed to Bennettsville, S. C., in 1897, where he soon built up an excellent practice.

He was a member of the local, State, Tri-State and American Medical Associations, and attended each of these medical societies, presented papers and took an active part in their deliberations.

Dr. Faison was a most accomplished gentleman, well versed in the literature of his profession and possessed of a diversified knowledge upon a variety of subjects. His reading was wide and covered almost the whole field of literature. A Pythian, Knight Templar, a communicant of the Episcopal Church, local surgeon of the A. C. L. Railway, a citizen of much character and greatly respected and beloved in his home community, and in a wide circle of acquaintances elsewhere, his going will be missed, and his remembrance ever remain a fragrant flower to appreciative men and women who know to love and venerate the true and the good. Peace to his memory.

Dr. Charles Ware, a well known physician of St. Louis, Mo., died while on a visit to his sister, Mrs. James McGuire, at Bertyville, Clarke County, Va., December 23, 1915. Dr. Ware was a Virginian and an alumnus of the University of Virginia Medical School, an Episcopalian, a bachelor and leaves a modest fortune, one sister and four half brothers.

Dr. Vance Price, formerly of Roanoke, Va., died after an operation at the Post Graduate Hospital in New York City, December 25, 1915. Dr. Price was a graduate of the Medical College of Virginia, and a young man of much promise.

He was doing postgraduate work in New York when stricken.

Dr. John Kable, Staunton, Va., has been appointed an assistant surgeon in the Volunteers of Virginia and assigned to the duty of organizing a hospital detachment in his own town.

Dr. G. T. Collins, of Highland Park, Richmond, Va., died in St. Luke's Hospital of that city, December 26, 1915, from injuries sustained the day previous when a train on the C. & D. Railway collided with his automobile while crossing a track in Richmond. Dr. Collins was 58 years of age, a graduate of the Medical College of Virginia, a member of the Methodist Church, a Mason, an Odd Fellow, Junior Order, and a physician greatly beloved in the section of Henrico County, Va., where he had resided for many years.

Franklin County Medical Society.—At the meeting of the Franklin County (N. C.) Medical Society Dr. R. F. Yarbrough of Louisville was elected president; Dr. J. O. Newell, Epsom, vice-president; Dr. H. A. Newell, Louisville, secretary and treasurer; Dr. S. P. Burt, Louisville, delegate to the State society, which meets in Durham in the Spring. "Pneumonia and Grippe" will be the theme for the meeting in February.

"Calcidin for colds"—should be the first thought every time you prescribe for the prevailing influenza. You know the value of iodine to sterilize the skin or an infected wound area. Ever stop to think that iodine is eliminated by the respiratory tract, just where it can do the most good in bronchitis, tonsilitis, and the like?

ad-6-16

His "war-horse"! That is what Burg-raeve used to call arsenate of strychnine, so highly did he value it. Whenever it is necessary to reestablish the equilibrium between the nervous and myotic systems, this agent will accomplish the reunion and maintain it. It is the vital incitant, *par excellence*. Iron and quinine arsenates are, by the same token, powerful reconstructants of the hematic elements—in common parlance, blood-builders. The addition of nuclein markedly increases their assimilation. In Triple Arsenates with Nuclein (Abbott) we have all three of these splendid agents doing effective team-work, furnishing one of the most effective reconstructants

and alternatives at the disposal of the profession. It is a pretty safe rule to leave almost any convalescent upon the Triple Arsenates with Nuclein for a month or so after convalescence sets in. ad-6-16

Watts Hospital.—The annual session of the Watts Hospital trustees was held in Durham, N. C., December 15. Mr. Geo. W. Watts, the founder and patron, was re-elected president. Drs. J. M. Manning and Arch Cheatham were continued members of the Board. Drs. C. A. Woodard, L. S. Booker, and S. D. McPherson were again elected the Medical Committee. The annual report of the Superintendent Dr. C. D. Hill, indicated the treatment during the year of 1,485 patients at an average expense to the institution of \$2.36, a decrease in per capita cost of four cents from the previous year. Dr. Hill was unanimously re-elected Superintendent.

The Richmond, Va., Academy of Medicine has appointed a committee to co-operate with the city council in an effort to secure a reduction to the smoke nuisance of that city.

The Dinwiddie, Va., County Medical Society elected the following officers for 1916:

President, Dr. D. C. Mayes.
Vice-president, Dr. T. C. Jones.
Secretary, Dr. W. C. Powell.
Treasurer, Dr. A. F. Bagby.

A banquet was served at the January meeting.

The Durham-Orange County Medical Society banqueted at the Watts Hospital in Durham, N. C., December 10, 1915. More than 30 members were present. A delightful evening was spent. The officers elected for 1916 are:

President, Dr. Lyle S. Booker, Durham.

Vice-president, Dr. D. S. MacPherson, Durham.

Secretary-Treasurer, Dr. T. C. Kerns, Durham.

Delegate to State Society: Dr. Wm. deB. MacNider, Chapel Hill.

Censors: Drs. J. M. Manning, M. N. King, and R. L. Felz, all of Durham, N. C.

The Election of Dr. David T. Tayloe, Washington, N. C., to the presidency of the Seaboard Medical Association at its recent session was a well merited compliment to a well known Carolina surgeon and honors the association as well

as the able gentleman designated by unanimous choice of a society that enrolls in its membership leading professional men of Eastern Carolina and Virginia.

Dr. H. G. Heilig, Salisbury, N. C., suffered a painful accident by falling down a flight of stairs recently.

Dr. Fred. C. Hyatt, City Health Officer, Greensboro, N. C., while paying a professional visit some miles in the country had the misfortune to overturn his automobile at night and sustained a mild cerebral concussion. Recovering consciousness several hours later he attracted attention of the occupants of a nearby cabin who assisted him in righting the machine when the doctor returned home without serious or permanent injuries.

Patent Medicines.—The stockholders of the corporation publishing the "Biblical Recorder," the leading organ of the Baptist denomination in North Carolina, at a recent meeting in Raleigh, N. C., ordered the discontinuing of all "patent medicine advertisements" when contracts already entered into have expired. The action of these gentlemen is to be commended, knowing as we do, it means a distinct financial decrease in the income from advertising sources. Medical men should show their appreciation, and wherever possible aid in helping circulate the Biblical Recorder. This action decreases the income of this meritorious paper more than \$3000.00 per annum.

Dr. G. S. Tennent, Asheville, N. C., after spending some weeks in the ophthalmologic clinics of Eastern cities has returned to his professional duties.

The Twentieth Annual Banquet of the Buncombe County Medical Society was held at Grove Park Inn, Asheville, N. C., on the evening of December 21, 1915. More than five-sixths of the 72 members were in attendance, and several out of town guests. **Dr. M. Hall Fletcher**, Asheville, N. C., President of the North Carolina State Medical Society was the guest of honor and made the principal speech at the dinner. **Dr. Fletcher's** address was a strong plea for community support of hospitals. Following him came specially bright and witty speeches from **Drs. Paul Ringer, C. D. W. Colby, W. P. Herbert and W. J. Hunnicutt.** **Dr. C. Hartwell Cocke** as toastmaster was a

pronounced success while the addresses of the retiring president **Dr. E. B. Glenn** and his successor, **Dr. Chas. L. Minor** were appropriate. Other speakers were **Drs. C. V. Reynolds, E. J. Peck, Hon. J. G. Adams, Hon. J. Frazer Glenn, Dr. I. A. Harris, Dr. E. M. Sally and Dr. J. Howell Way.**

The Buncombe County Medical Society, Asheville, N. C., elected the following officers for 1916:

President, **Dr. Chas. L. Minor.**

Vice-president, **Dr. W. Lewis Elias.**

Secretary-Treasurer, **Dr. Gaillard S. Tennent.**

Censor, **Dr. Eugene B. Glenn.**

Delegates to State Society: **Drs. J. Frazer Thompson, C. Hartwell Cocke, and W. J. Hunnicutt.**

Alternates: **Drs. I. J. Archer, J. L. Adams, and J. W. Houston.**

Dr. E. S. Bacon of New York City, a near connection of **Clarence Barker** for whom the hospital at Biltmore, N. C., (near Asheville) was named when it was first organized in 1899, at his death recently left a bequest of \$100,000.00 to the Biltmore Hospital. The institution since the death of its special friend and patron, the late **Geo. W. Vanderbilt**, has received much aid from his widow **Mrs. Edith Vanderbilt**, and will now be able to greatly extend its benefactions.

Dr. Dan E. Seveir, Asheville, N. C., County Health Officer Buncombe County, sustained painful, though not serious injuries by the overturning of his automobile near Asheville, December 13.

Dr. E. G. Moore.—At a recent special meeting of the North Carolina State Board of Medical Examiners held in Raleigh, **Dr. E. G. Moore**, Elm City, N. C. was elected to succeed **Dr. Chas. T. Harper**, Wilmington, N. C. deceased. The next regular session of the Examining Board will be in Raleigh, June 26-30, 1916.

Dr. W. S. Rankin, Secretary State Board of Health, Raleigh, N. C., has returned from a business trip to several Middle West States.

The Annual Meeting of the Seventh District North Carolina Medical Society was held in Rutherfordton, N. C., December 13-14 with a good attendance. **Dr. J. G. Clark**, University Pennsylvania, was an invited guest and delivered an instruc-

tive address on "Cancer." Dr. R. M. Landis, Phipps Institute, was another guest and addressed the Society on "Tuberculosis." An elaborate dinner was given on the evening of the 13th at the Southern Hotel. The following officers were elected:

President, Dr. H. M. Biggs, Rutherfordton.

Vice-president, Dr. H. D. Stewart, Monroe.

Secretary, Dr. S. R. Thompson, Charlotte.

The clinical session will be held in Charlotte, March 1916. The regular annual meeting will take place in Monroe, in December, 1916.

Dr. Louis H. Williams—Hon. F. M. Simmons has recommended for appointment to the Reserve Medical Corps of the U. S. Navy, Dr. Louis H. Williams, Faison, N. C.

The Semi-annual Session of the Third District Medical Society, was held in Wilmington, N. C., December 15. Clinical papers and discussions were the prominent features of the meeting. Drs. Douglass Vanderhoeff and E. H. Terrell, both well known Virginia physicians were present and contributed to the interest and profit of the occasion. Dr. T. M. Green, Wilmington, was elected president; Drs. T. B. Moore, Acme, and L. D. Bryan, Sneed's Ferry, vice-presidents, and Dr. J. B. Sidbury, Wilmington, secretary. The next meeting to convene in Wilmington, July, 1916.

The South Carolina State Board of Medical Examiners at their session in Columbia in November licensed the following sixteen physicians from a class of thirty-five applicants;—J. R. Boling, Atlanta, Ga., Atlanta Medical college, 1915; J. J. Clinton, Lancaster, Howard Medical college, 1915; L. W. Corbett, Bishopville, South Carolina Medical college, 1915; Martin Crook, Baltimore, Md., University of Virginia, 1901; J. W. Curry, Rome, Ga., Jefferson Medical college, 1898; R. E. Ellis, Travelers Rest, Jefferson Medical college, 1914; G. C. Freeman, Bluffton, South Carolina Medical college, 1914; R. K. Gordon, Darlington, Howard Medical college, 1915; Drue King, Augusta, Ga., Tufts Medical college, 1914; M. L. Lanford, Greer, Bennett Medical college, 1915; C. L. Norris, Kingstree, Meharry Medical college, 1915; G. W. Parnell, Lamar, Gate City Medical college, 1910; R. W. Preston,

Charleston, South Carolina Medical college, 1915; H. U. Seabrook, Pinckney, University of West Tennessee, 1914; W. L. Williams, Florence, Meharry Medical college, 1915; O. B. Wilson, Rock Hill, South Carolina Medical college, 1915.

Dr. Chas. O'H Laughinghouse, Greenville, N. C., while suffering with a severe sore throat recently had the misfortune to lodge a tablet in his throat, and being unable to dislodge the same started for Richmond, Va. Growing worse he stopped at Washington, N. C. where he was cared for at the Washington Hospital and is reported convalescent.

Dr. D. A. Garrison, Gastonia, N. C., discussed "Our Medical Fraternity" at the recent annual banquet of the Gastonia, N. C. Chamber of Commerce.

Dr. H. A. Royster, Secretary State Board Medical Examiners, Raleigh, N. C., lectured in December before the Raleigh, Y. M. C. A. on "Why the Social Evil" to a large and appreciative audience.

Dr. R. Lindsay Robertson, Charlottesville, Va., has been commissioned surgeon in the U. S. Army Reserve Corps on the active list and re-enters the service with the rank of Lieutenant. Dr. Robertson has made an efficient health officer of Charlottesville, and his work has been very highly commended.

Dr. J. A. Doshier, Southport, N. C., has been re-elected county health officer for Brunswick County, N. C., at a salary of \$500.00 per annum. Dr. Doshier while continuing in general practice has given much of his time to the county work and his efforts have met with approval by the Brunswick citizens.

The Wilson, N. C., Hospital for Colored People has had a successful year in the new building erected in 1914. It has a capacity for 26 patients and is situated one and a half miles out of town on a farm owned by the hospital containing forty acres. The institution is doing good work, and is another of the many helpful measures affording opportunity for bettering the conditions of the Negro in the State, and well deserving of imitation by other communities.

The Eighth District Medical Society of North Carolina, met in High Point, N. C., December 8, and after a busy day of good papers and instructive clinics with op-

erations by Dr. Stuart McGuire, Richmond, Va., and H. A. Royster, Raleigh, N. C., ended with an enjoyable banquet at the Hotel Ellwood. Winston, N. C., was designated as the city to hold the next meeting in and Dr. John Bynum, and Dr. W. M. Johnston, both of that city were elected respectively president and secretary.

The Shenandoah Valley Medical Association met in Woodstock, Va., November 30 under the presidency of Dr. W. P. McGuire and Dr. E. C. Stuart, Winchester, Va., secretary.

Drs. Douglas and Elliott Dodd, sons of Dr. Wm. E. Dodd, for many years a well known physician of Harrisonburg, Va., more recently a member of the extensive Virginia colony resident in New York City, have lately been captured and held as prisoners of war by the Bulgarians. The young men graduated in medicine in New York last spring, and immediately joined a Servian relief expedition, and in the autumn became members of the Servian army.

The Seaboard Medical Association met in Norfolk, Va., in December and held an interesting and profitable session under the presidency of Dr. Israel Brown. Washington, N. C., will entertain the 1916 session of this excellent society.

New Infirmary.—Messrs James and W. H. Sprunt, Wilmington, N. C., two of the state's foremost business men and philanthropists have donated \$15,000.00 for the erection of an infirmary at the Presbyterian Orphanage at Barium Springs, N. C.

Dr. W. S. Rankin, Secretary North Carolina State Board of Health, attended the meeting of the Council on Public Health and Education of the A. M. A., in Chicago, December 16.

Dr. W. Lowndes Peple, Richmond, Va., was elected president of the Richmond, Va. Academy of Medicine and Surgery December 14. Dr. Peple has been associated with Dr. Stuart McGuire as his first assistant at St. Luke's Hospital for a number of years and is widely known as a cultured gentleman, a skilled surgeon, and with all a man of that type of professional modesty that is oftentimes permitted to go unrewarded in the distribution of honors. We congratulate the Richmond Society on the wisdom

of its selection, and voice the felicitations of many Carolina friends to Dr. Peple on his deserved honor.

Friends of Dr. John A. Pemberton, formerly of Fayetteville, N. C., are gratified at his professional success as an assistant to Drs. W. J. and C. H. Mayo, Rochester, Minn., in whose institution he has been working for the past year and a half.

Dr. Louis B. Wilson, pathologist working with Drs. W. J. and C. H. Mayo, Rochester, Minn., was the honor guest of the Fourth District North Carolina Medical Society at the recent meeting in Wilson, N. C. After attending the Society's session Dr. Wilson was the guest at Rocky Mount, N. C., of Drs. B. C. Willis and E. S. Boice of the Parkview Hospital.

The Burwell Memorial Hospital of Roanoke, Va., for colored people, which was opened last March has run through 1915 with success and is gaining ground as a place for treatment of colored people in Southwest Virginia. Donations have been made the institution by many white friends in Roanoke, and the little hospital is yet in need of things. During the past 9 months 60 patients have been cared for. Of this number 44 were surgical. The hospital has received the endorsement of the Associated Charities and the Academy of Medicine of Roanoke, Va., and is aided in its good work by many leading white citizens of that community.

Edgecombe County, N. C., beginning April 1, 1916, will have its entire public health work placed under the management for a time of a specially detailed representative of the U. S. P. H. Service who will endeavor to work out a model county health plan of service for standardizing, where possible, the work of such officials. The study will embody the best features of county health work as already solved by some of the most successful county health officers in North Carolina who have been pioneering with much ability on these lines, and will also consider carefully other supposedly useful plans of county and community health endeavor. The work will be supervised by the North Carolina State Board of Health, and the results will be awaited with interest by sanitary authorities both within the state as elsewhere, it being fully recognized that the time is now

rapidly approaching when county health work should become, to an extent, standardized, and the successes in one county become fully available for helpful instruction in others without every individual county continuing to operate on such plans as may happen to have commended themselves to the officer in charge.

The Medical Package Library. Mrs. F. E. Daniel, editor and manager of the Texas Medical Journal, one of the oldest and most reliable periodicals in the South, has created and now operates what is termed "The Medical Package Library." The system that has been adopted and the methods that are in use seem to be very complete and the advantages to the medical writer are great. At the office of this journal have been arranged thousands of special articles properly classified and indexed in the most convenient form for use. Many additions are being made to this library daily. Practically every subject, disease and treatment as discussed by the most eminent men in the profession is included in it. Mrs. Daniel's librarians, or secretaries, are constantly searching medical literature for everything of interest or value to those who may avail themselves of the value of this package library. Practically every medical journal published in the English language goes to Mrs. Daniel's office and practically everything of value is taken and so systematically arranged that all of it is at the service of subscribers just as it may be needed.

In the event that anyone should want to write a paper on a given subject, the medical package library will place at his convenience the best that has been written on that subject. In the event that a physician wants to get the ideas of the most modern treatment of any special disease he can get it at once with a minimum amount of trouble. In other words, this package library places at your disposal just what you will want from all the medical journals published in the English language.

A subscriber to the library can at any time get all the information he wants by return mail on any particular subject by writing to the library, and giving briefly the subject on which he wishes information. A package will be sent promptly containing the papers and articles on that subject, not the opinions of the Texas Medical Journal or any other journal, but papers by men all over the United States and the European countries, men who

know and are supposed to know the most upon that subject. Of course these packages are to be returned to the library in a reasonable length of time. You can secure service of this kind as often as you wish and on as many subjects as you wish during the period of your subscription. The price for one year is \$5.00.

Anyone interested in this method of securing the latest information on any medical subject will do well to correspond with the Medical Package Library, 204 East 10th St., Austin, Texas.

Dr. Chas. W. Moseley who recently moved to North Wilkesboro on account of his health has decided to return to Greensboro. We are glad to hear that his health is sufficiently improved to justify him in again taking charge of his large practice there.

Dr. Beverly R. Tucker, Richmond, Va., formally opened his new magnificent Sanatorium in that city on Thursday afternoon, December 30, 1915, from four to six o'clock.

Dr. Oren Moore, of Charlotte, N. C., was married to Miss Rebekah Louise Murphy on Wednesday evening, December 15, at Union, S. C. Dr. Moore is one of Charlotte's leading young physicians. He graduated at the North Carolina Medical College in 1911. Since then he has been a close student of medicine and already has attained a fine reputation in this city as a physician. Mrs. Moore was a former pupil nurse at the Charlotte Sanatorium. She graduated there with honors and it was exhibited when she received her diploma that she was not only a favorite with her associate nurses but with the large crowd which gathered to witness the beautiful occasion. She has a lovely personality and is regarded as one of the most beautiful young ladies in this section of the country.

The Richmond, Va., Academy of Medicine and Surgery at the annual meeting in December elected the following officers:

Dr. W. L. Peple, president; Dr. St. Julien Oppenheimer, first vice-president; Dr. O. F. Blankenship, second vice-president; Dr. Ramon D. Garcin, third vice-president; Dr. Mark W. Peyser, secretary, re-elected; Dr. E. H. Terrell, assistant secretary, re-elected; Dr. J. H. Smith, treasurer; Dr. G. P. La Roque, librarian, re-elected.

The following were elected to the

judiciary committee: Drs. C. M. Miller, Moses D. Hoge, Jr., H. H. Levy, A. L. Gray, McGuire Newton and Robert C. Bryan.

The membership is now 212, which includes practically all of the eligible practicing physicians in Richmond.

BOOK NOTICES.

A Text-Book of the Practice of Medicine. By James M. Anders, M. D., Ph. D., LL. D., Professor of Medicine and Clinical Medicine, Medico-Chirurgical College, Philadelphia. Twelfth Edition Thoroughly Revised. Octavo of 1336 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, \$5.00; Half Morocco, \$7.00 net.

The fact that eleven large editions of this remarkable work have been called for is sufficient evidence of its great value and popularity, the rapid exhaustion of each edition making it possible to keep the book absolutely abreast of the times. Dr. Wm. E. Quine, of the College of Physicians and Surgeons, Chicago, says: "I consider Anders' Practice one of the best single-volume works before the profession." This work is essentially practical, being the result of personal observation covering many years of active practice. Into this new edition Dr. Anders has introduced all the most important advances in medicine, keeping the book within bounds by a judicious elimination of obsolete matter. A great many articles have been rewritten so that the work in its present form is a practice complete in every particular. It is up-to-date, authentic, practical and beautifully presented.

We have had the pleasure of reviewing a copy of each of the eleven previous editions and it is our opinion that the twelfth revision is the most thorough of any. It is very thorough, both from the viewpoint of theory and practice, using, it is believed, an up-to-date and highly useful product. In the present edition the arrangement of the material and the mode of treatment of the separate subjects are the same as in previous editions.

While certain important additions have been made, every section has received careful scrutiny. As in former editions, so in the present one, the Pathologic Sections have been made to conform to the present-day views of the specialist in this department of medical science, while those dealing with diagnosis, differential

diagnosis, and treatment have been subjected to complete revision.

The new matter embraces Sections on Colon Bacillus Infections; Large-cell Splenomegaly; Tuberculosis of the Thyroid Gland; Vagotomy, and Hypophyseal Obesity. The subjects partly rewritten and also the more important additions are the following: Diabetes Mellitus; Hydro-thorax; Gastro-enteroptosis; Acute Anterior Poliomyelitis; Role of the Cockroach in Spread of Cholera; Glycyltryptophan Reaction in Cerebrospinal Meningitis, Neosalvarsan; Schick's Test for Antitoxin in Blood in Diphtheria; Complement-deviation Test in Pertussis; d'Espines Sign in Tuberculosis of the Bronchial Lymph-glands; Phenolsulphon-phthalein Test in Nephritis; Splenectomy in Pernicious Anemia; Chronic Pericholecystic Adhesions in Gall-stones; Barany and Neumann's Test in Diagnosis of Labyrinthine Disease.

This work is so well known that no favorable comment of mine could add to its popularity. When I was a teacher in the practice of medicine Anders' Text-book was my favorite reference book. His style of writing is attractive. He arranges his subjects in such a way as makes it easy for a teacher to follow his classifications.

Bandaging. By A. D. Whiting, M. D., Instructor in Surgery at the University of Pennsylvania. 12 mo. of 151 pages, with 117 original illustrations. Philadelphia and London: W. B. Saunders Company, 1915. Cloth \$1.25 net.

This is a valuable book and we have looked over it with a great deal of pleasure and profit. It is practically a repetition of the author's instruction in bandaging at the University of Pennsylvania. It is intended for beginners and therefore an attempt has been made to follow the course of each bandage in detail so that the student in studying the terms in the absence of a teacher may not make false ones which must be corrected later.

To overcome some of the deterioration in the Art of Bandaging resulting from the too prevalent use of the gauze roller, it is strongly recommended that muslin be used by all beginners. They may thus learn how a perfect bandage should be applied, and will soon discover that a similar bandage, except in a few instances, cannot be applied with gauze.

The illustrations of bandages used to amplify the instructions in the text are reproductions of photographs. It was

thought that the student could obtain a better idea of the appearance of the completed bandage from such illustrations than from any drawn diagrammatically. The rollers used in applying the bandages for the photographer were blackened on the edges with waterproof ink, so that "space," "crosses," and "specas could be made more prominent. Similar rollers are used by the author in teaching and are recommended to the students when they are practising bandaging, so that their faults may be made more prominent and may be overcome early in their career.

Dr. Whiting writes well. For the pupil nurse or graduate nurse this book is invaluable.

History of the Savings Banks Association of the State of New York. 1894-1914. By Frederick B. Stevens, Secretary of the Association 1910-1913. Garden City, N. Y.; Doubleday, Page and Company, 1915. Price \$5.00 net.

We have examined no book lately that is of more interest and value than this. It is full of interesting reading. It contains 703 pages and has several hundred illustrations, mainly the photographs of prominent presidents of great banks. The purpose of the volume is to illustrate the growth and power of an idea, that idea originating in the fertile brain of Daniel Defoe and taken up by such pioneers as the Rev. Joseph Smith and Mrs. Priscilla Wakefield, in England, the Rev. Dr. Henry Duncan, in Scotland, and by Col. Condy Raguet, one of the founders of the Philadelphia Savings Fund Society, and Thomas Eddy, in America, finds it happy fruition in the Mutual or Trustee Savings Bank as we know it today, an institution founded in pure benevolence and free from the slightest taint of human selfishness. Savings Banks have been aptly styled the "Granaries of the Poor," and the phrase is fairly described with this addition, that after sufficient accumulations have been made, the funds deposited are loaned out to worthy borrowers upon high-class security, thus vastly increasing their potentiality for good.

The book describes fully the reasons for the formation of Savings Banks. It gives a little history of some of our most noted bankers and financiers. It deals fully with the causes paralyzing trade conditions that visit periodically almost all countries. "Why It Is Necessary To Have the Gold Standard" is an interesting chapter. "The Perils and Evils

of Repudiation, the After Effects, Etc." is reading that ought to be printed in the mind of every man, whether a business man or not. There is scarcely a phase of the financial world but is touched upon in this valuable book.

It gives us much pleasure to recommend the volume. It certainly ought to be in the hands of bankers and business men.

Post-Morten Examinations. By William S. Wadsworth, M. D., Coroner's Physician of Philadelphia. Octavo volume of 598 pages with 304 original illustrations. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, \$6.00 net; Half-Morocco \$7.50 net.

This is, in all probability, the best book that has ever been written on the subject. We have examined it with a great deal of pleasure and profit. Dr. Wadsworth writes well. The illustrations, three hundred and four in number, are original and of the very best. They very appropriately illustrate the text, more so than any book of the kind that has ever come to this office. The five hundred and ninety-eight pages of reading matter are well and appropriately arranged, and thoroughly indexed. Really the book is up-to-date in every respect. The publishers are to be congratulated on securing for publication such a very valuable manuscript.

Germany's Violations of the Laws of War. 1914-15. Translated by J. O. P. Bland. G. P. Putnam's Sons, New York and London. 1915. Price \$2.00.

This volume was compiled under the auspices of the French Ministry of Foreign Affairs. It has been translated into English by J. O. P. Bland. Many facsimiles of official documents are presented in connection with the text.

It is full of interest and its compilation was timely. It gives, I believe accurately, the facts as France sees them as to Germany's violations of the laws of war. It is difficult for the reviewer not to be in sympathy with the arguments brought out in this volume. Germany has been preparing for this war for at least twenty-five years. The Kaiser cared nothing about whether he had a cause for war or not. What he was concerned in the most was the preparation for war. He had a definite object in view and he is trying now to accomplish what he has been wanting for so many years. Germany did not think that they were well enough prepared for war to

attack England, France, and possibly Italy when the Japanese and Russians were at war. It was, however, considered at that time. Anyone who has visited Germany many times and who has studied to any great extent their sympathies and their likes and their dislikes and, too, their political and military history must know that it has been their intention to have a war with these countries when they thought that they were prepared to do so. Why England did not realize that Germany was preparing to give her the hardest blow in that nation's history is hard to understand. Certainly intelligent onlookers knew it.

The book is full of interesting reading and we take pleasure in recommending it. It contains three hundred forty-six pages.

A Text-Book of Physiology: For Medical Students and Physicians. By William H. Howell, Ph. D., M. D., Professor of Physiology, Johns Hopkins University, Baltimore. Sixth Edition Thoroughly Revised. Octavo of 1043 pages, 305 illustrations. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, \$4.00 net; Half Morocco, \$5.50 net.

The medical profession has for some time been in need of a first-class book on physiology and it was certainly opportune for Dr. Howell to write this book at this time. In the preparation of this edition, the sixth, Dr. Howell, as in previous editions, has made a great effort to keep up with the progress of physiological science. He has endeavored to keep in mind two guiding principles; first, the importance of simplicity and lucidity in the presentation of facts and theories; and, second, the need of a judicious limitation of the material selected.

Dr. Howell has given the medical profession a most excellent and valuable book. The reader will find that the most of the important alterations in this text will be found in the section upon Nutrition and Internal Secretion. A large part of the latter subject has been rewritten. Unfortunately, it is a subject whose intricacies have increased rather than diminished with the progress of investigative work, and it is more rather than less difficult now than it was a decade ago to present a fair summary of the numerous facts, speculations, and hypotheses bearing upon this topic.

No one can examine this book without

being favorably impressed, certainly if he is interested in physiology. While the illustrations are not very numerous, they are certainly very appropriate and illustrate the text beautifully.

The Clinics of John B. Murphy, M. D., Mercy Hospital, Chicago. December, 1915. Published Bi-Monthly by W. B. Saunders Company, Philadelphia. Price per year: \$8.00.

This volume is very, very attractive in appearance. Almost, if not every article is illustrated. It is always a pleasure to look over Murphy's Clinics though.

Bone-Graft Surgery. By Fred H. Albee, M. D., F. A. C. S., Professor of Orthopedic Surgery at the New York Post-Graduate Medical School and the University of Vermont. Octavo volume of 417 pages with 332 illustrations, 3 of them in colors. Philadelphia and London: W. B. Saunders Company, 1915. Cloth \$6.00 net; Half Morocco \$7.50 net.

Dr. Albee has been induced to write this book in order to answer as far as possible the many inquiries in regard to bone-grafting and to present the technique of the same in the widening field of its use which is covered in no other work yet published. The greater portion of the book presents Dr. Albee's original applied technique with ample illustrations.

Bone, being one of the simple connective tissues, lends itself favorably to transplantation and to the repair of skeletal deficiencies and is the most reliable means of internal bone fixation. Instead of antagonizing Nature by attempting to introduce a foreign substance, the surgeon, by using autogenous material is following Nature's own method, being thereby able to overcome mechanical surgical defects which he has hitherto been unable to cope with. The use of uncertain extemporizing methods and the application of external fixation braces cannot compare with the accurate, direct internal implantation of an autogenous bone graft contacting corresponding structures of graft and host bone, i. e., periosteum to periosteum, compact bone to compact bone, endosteum to endosteum and marrow to marrow.

As improved machinery and tools have made the skilled artisan more efficient, so likewise has the introduction of roentgenography and electrically driven tools augmented the skill and accuracy

of the surgeon in arresting bone diseases and restoring bone defects and has opened ways of dealing with bone and joint conditions such as have never been attempted with the cruder hand tools. Though Dr. Albee considers the use of the motor-driven tools as more nearly approaching the ideal conditions yet there are instances where their use is not absolutely essential.

There is no doubt that this book is the best that has ever been published on the subject. It is up to date in every way. Anyone interested in the subject could not do better than to buy the volume.

The style in which the publishers have printed it is very attractive and substantial. Medical publishers for several years have realized that it is useless to try to present a book to the medical profession without appropriate illustrations. We know of no book that is more appropriately illustrated than the one which is now before us.

A Student's History of Education. By Frank Pierrepont Graves, Dean of the School of Education and Professor of the History of Education in the University of Pennsylvania. New York: The MacMillan Company, 1915. Price \$1.25.

There is a growing conviction among those engaging in training teachers that the History of Education must justify itself. It is believed if this subject is to contribute to the professional equipment of the teacher, its material must be selected to his specific needs.

The book, as we interpret it, is very valuable. It gives the early history of education. The chapter on "The Education of the Greeks" is intensely interesting. The second part of the book deals with the history of education in the middle ages. Possibly this is the most entertaining part of the whole book.

The photographs of Darwin, Spencer, Huxley, and Elliott are given. Many others also that all students love to see are given.

The book contains about four hundred and fifty pages. The publishers have gotten out a very attractive volume indeed.

Collections of the Minnesota Historical Society. Volume XV. St. Paul, Minn. Published by the Society. May, 1915.

This is a magnificent volume of about nine hundred pages. It is gotten up about the same and its purpose is about the same as an annual volume of trans-

actions of a medical society. The papers and addresses presented before the society during the last six years are published in this volume with memorials of deceased members. Many valuable papers were read before the Society that do not appear in the volume on account of lack of space.

There are a great many illustrations, the most of them, however, are portraits of distinguished members, mainly ex-presidents. The book is quite interesting to look over and would naturally appeal to anyone interested in history. For instance it gives the history of railroads in Minnesota, the land grants to railroads and also incorporates the history of the great loans that have been made to the State. It is full of this kind of valuable information. I have reviewed the book with much pleasure and I am sorry that I can not go more fully into its description.

Nitro by Hypo. By Edwin P. Haworth, Superintendent of The Willows Maternity Sanitarium. Kansas City: The Willows Magazine Company. Price \$1.00.

This is a small book of one hundred and twenty-eight pages, printed on heavy paper, and bound in gray silk-finish cloth. It makes a very neat volume indeed.

The author states that so many words of commendation have come from the recipients of the Willows Magazine regarding its value to the physician that it was deemed advisable to gather some of the choice inspirational articles and paragraphs from its files and print them in a form in which they may be of permanent value.

To meet this need, this volume is prepared, bringing together matter inspirational, suggestive and educational. Added to the selections from The Willows Magazine are other articles that have never been published before.

The author says that medical journals are usually filled with articles of scientific significance and all too little space is devoted to methods, business, inspiration, up-lift, etc. He also says that possibly some suggestion from this book will cheer a depressed and dispirited practitioner on to greater study or to serious experimentation that will save some human life, in which case it will have filled its mission. No better future might be hoped for it than to add a smile to some life or to remove a pain.

It will interest any physician to spend

an hour or two in looking over this book.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopaedics, Pathology, Dermatology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners. By leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A. With the collaboration of Sir Wm. Osler, Bart., M. D., F. R. S., Chas. Mayo, M. D., Rochester, and others. Volume IV. Twenty-Fifth Series, 1915. Philadelphia and London: J. B. Lippincott Company.

As we have said many times before, we receive these volumes of the International Clinics with a great deal of pleasure. This volume, the fourth of the twenty-fifth series, is we believe one of the best that has even been published. The illustrations seem to be very superior.

This is the twenty-fifth anniversary of the beginning of the publication of these quarterly volumes and this year is also the twenty-fifth anniversary of the publication of the Charlotte Medical Journal. We are glad that we have had the opportunity of reviewing every volume of these Clinics that have been published.

Possibly the most noteworthy and interesting article in this volume is the one entitled, "The Coming of Age of Internal Medicine in America" by William Osler. This article alone is worth the cost of the volume. This statement I hope will not in any sense depreciate the many other valuable articles that appear in the book.

The appearance of the volume remains the same as the preceding volumes.

Bryce's Collector.

Bryce's Collector—"a successful system for the collection of doctor's bills" is before us, and its name well and truly indicates the very useful and helpful purpose it may be made to serve. A neatly bound volume containing some 500 blank statements of account, and neatly printed at the top of each a gentle admonition to pay the doctor his honest due, the work sells for \$1.00 a copy and we believe its use can but prove above many times its cost to the average practitioner who must collect his own accounts and whose clientele need some gentle spurring to go

the pace in remitting to meet the demands made upon the income of the modern medical man render necessary. For copies address The Publishers, 4 F. Clay St., Richmond, Va.

What Germany Might Consider.

The two things most thoroughly demonstrated thus far in the war are: First, that England's sea power cannot be broken, and that the British Empire has neither yet been shaken nor is likely to be disturbed; while the second fact is that Germany's amazing power of organization and unified action, together with her advantages due to operating from an inner position, renders her practically invincible,—at least from the defensive standpoint,—in a war on land. England cannot and will not give up the war while Belgium is either directly or indirectly under German control. France cannot and will not give up the war with enemies, entrenched upon French soil. The German authorities now understand that they are not to remain in Belgium or France.

As a price of permanent peace, they would probably be willing to make some slight concessions to France on the Alsace-Lorraine frontier. As regards Russia, the most responsible Germans probably no longer have any thought of holding Russian territory as spoils of war. But they would like to create the Kingdom of Poland, chiefly out of Polish Russia, and to have Poland as a buffer state. They would also probably like to see Rumania gain something to the northward by taking back Bessarabia from Russia, in order that the Russians might the more effectively be kept from the Balkans and Constantinople. Germany would undertake to find her own compensation by securing the consent of Europe and the world to undertake the development of the Turkish Empire and to hold a position of recognized leadership,—not of formal rulership,—throughout the southeast of Europe. Thus Germany is taking the Balkan campaign very seriously, and is pushing the uncompleted parts of the Bagdad railroad system with intense energy.—From "The Progress of the World," in the American Review of Reviews for January, 1916.

READER—

A Medicinal Trochar, for the treatment of dropsical effusions, is as important an innovation of modern medical science as the therapeutic lancet for the relief of vascular congestion. The latter office has for several years been perform-

ed by aconite. The former function is fulfilled by Anedemin. This excellent preparation is a scientifically balanced and skilfully compounded mixture of Apocynum Cannabium, Urgenea Scilla, Strophanthus Hispidus, and Sambucus Canadensis. It is well enough, in a general way, to call it a Medicinal Trochar, but, as a matter of fact, of course, its action is much more fundamental and thorough than that of a trochar. It strikes at the root of the trouble, and removes the cause of the Aanasarca, rather than its results. It restores the balance between the arterial and venous systems, at the same time improving cardiac tone, and this prevents the accumulation of fluids in the tissue. The Anedemin Chemical Company, Chattanooga, Tenn., will be pleased to furnish physicians with a liberal working sample of Anedemin Tablets for a thorough try-out. Anedemin is a remedy dependable always, can be pushed and administered with safety wherever indicated. Has no cumulative action. ad-6-16

Miscellaneous.

Lubrication.

How many physicians discriminate between constipation and obstipation? How many realize that the obstipation—stasis—autotoxemia Syndrome is worthy of careful study and that its successful treatment depends to a very great extent on efficient lubrication.

Constipation is as a rule functional in character—and should be treated by functional remedies, such as purgatives, cathartics, laxatives, etc.

Obstipation—stasis—autotoxemia on the other hand, is often organic—and to treat it with functional remedies is to court failure and woeful disappointment.

The presence of a kink, or a ptosis, or a sacculation—together with a dry and insufficiently lubricated mucous membrane, makes of the intestinal canal a winding and tortuous track, along which the fecal load has to be dragged or pushed, with consequent damage to the road itself.

Lubrication is not only indicated, it is absolutely necessary. Oil the road and oil the load. Treatment that is mechanical not medicinal, that is rational and common sense, not rule o' thumb therapy.

When a master mechanic takes up the problem of lubrication for some part of a machine, he studies carefully the char-

acter and quality of the lubricant required. He does not pick up haphazard any kind of oil or grease—and pour it into the oil cup lavishly and with small regard for the feelings of the purchasing agent! He studies and experiments. A lubricating agent that is found desirable and fit to be put into the intestinal canal of a human being, must possess certain properties. It must have correct "body" or spreading power, effective viscosity, or admixing power, and it must be SAFE.

Which means that it should be INTEROL.

Interol is Interol—and nothing else, i. e., it contains no impurities, because it has been hyper-refined to the point of absolute purity. But, one axiom should be borne in mind—the best tool in a careless hand—often fails to do what is expected of it. Hence Interol, while it may properly be termed the best tool—will secure results only in hands that know how and when to use "Interol."

One cannot simply pour a variable or even a uniform quantity of lubricant into the intestinal canal and expect to get uniform results. There is no fixed dose in the case of lubrication. Lubrication must be adjusted to existing conditions present in the individual case which means that the individual dose must be found—and then used—intelligently.

Interol is not a symptom medicine.

It is a lubricant. It requires time in which to act—as a rule from two to five days when it is properly given. The idea is to begin with a large single dose of "Interol" (from one to three ounces) at night. Then smaller doses (one-half ounce) one to be given night and morning until action appears in the form of easy bowel movements. The daily dose may have to be increased or diminished. Eventually the dose should be cut down, left off entirely—resumed if necessary—and so manipulated as to keep the end to be attained in mind, which is to train the bowels to act properly—and naturally.

Lubrication is therefore an antidote for friction. Physiological friction interferes to a greater or less degree with the painless passage of instruments of penetration. In this sense lubrication means neither oil nor grease but—slippery-ness,—the same property that allows a sled to slip smoothly over an icy surface.

"K-Y" Lubricating Jelly is Friction's Antidote.

It is greaseless and water soluble.

Hence it **does not** leave tell-tale evidence on the patient's linen, that the doctor is not sufficiently progressive to use

a non-staining and non-oiling lubricating agent. Grease does.

"K-Y" Lubricating Jelly is emollient to a degree, making it of value in burns, scalds, chafes, etc., and protective, e. g., to annoint the skin in scarletina, measles, chicken pox, etc.

"K-Y" Lubricating Jelly is easy to get acquainted with, but hard to get along without.

There are few if any physicians or surgeons or specialists who do not have occasion to employ Anodyne "First-aid" i. e., Analgesia attained by the use of external application to the skin of counter-irritant and analgesic agents—such as "K-Y" ANALGESIC.

This preparation like its Twin of Efficiency, "K-Y" Lubricating Jelly—is greaseless and water-soluble. Hence it absorbs rapidly, penetrates deeply and relieves promptly.

Its action and effect is usually prolonged and it can be applied as often as necessary. It does not soil skin or stain clothing.

"K-Y" Analgesic will prove to be an excellent investment for the doctor, since it will bring him the gratitude and appreciation of his patients.

The Successful Medical Journal.

We learn from one of our exchanges that in its July number, the Ohio State Medical Journal made the statement that an assessment of one dollar had been levied upon each member of the state association for the publication of the journal. It further declared that if this assessment were not paid promptly it would be necessary to discontinue the publication of the journal for the remainder of the year, beginning with August.

We were pleased to observe that both the August and September numbers of the Journal came out as usual, although the latter contained an announcement to the effect that "Every member must pay, if the Association, and particularly The Journal, is to continue its activities during the remainder of 1915."

The Ohio Journal is a good journal—one of the best issued by the various medical societies. It presents a good class of material, and it is carefully edited. It would be a pity, therefore, if it should be compelled to cease publication. In spite of the opinions to the contrary, there are none too many good journals in this country.

The predicament in Ohio illustrates, however, the difficulties confronting the unfortunate editor of a state organ. He

is expected to do everything with nothing. The subscription income is so small as to be negligible, and the society, acting under orders from higher up, and with no very clear conception either of ethics or finance, lops off a large share of the only other considerable source of income—the advertising. Also the prospective advertiser is so circumscribed by "rules" and so harassed by "reformers" that it is only under pressure that he can be prevailed upon to offer his wares through a medium that is known to be unfriendly to every one trying to "exploit" the doctor.

Then the editor is editor "pro tem" only. As a rule he knows nothing about journalistic work, and is not paid enough to make it worth his while to learn. How can he be expected to devote time enough to the journal to produce a publication which will really attract new membership to the society and weld it into something sound, vital, and permanent? Considering the method of producing the state medical journal, the wonder is that the average is as high as it is, yet there are some excellent state organs, and in our estimate the Ohio journal stands high.

In our humble opinion the best service that many a state medical journal could give its willy-nilly subscribers would be through committing hari-kari. When a society has only a few hundred members it has as much need for an organ as the writer has for a private yacht. Why do not the various state journals get together? Also, why not give generous support to every journal, wherever published, that is actually serving the interests of the medical profession?

Concerning Cathartics.

To the layman, a cathartic is simply a cathartic, and nothing more. One thing is as good as another, as long as it "moves the bowels." To the physicians there is a vast difference between "moving the bowels," and inducing normal bowel action.

For years Strychnine was the stock ingredient of cathartics, for the purpose of stimulating the muscle to peristalsis. But nowadays we realize that Strychnine more often inhibits peristalsis by overstimulation, and that the best stimulant of intestinal muscles is the intestinal secretions.

Pil. Cascara Comp. Robins contains no Strychnine to force the musculature, nor Belladonna to inhibit the secretions. On the contrary it stimulates the flow of secretions and normalizes peristalsis. It

is, in fact, a normal Cathartic.

ad-6-16

The Bowels Are Secretory Organs.

It is the failure of the secretory function of the bowel, together with a poor bile secretion, which, in nine cases out of ten, is responsible for constipation.

Most cathartics altogether overlook this factor and address themselves solely to a stimulation of the musculature. Some even inhibit intestinal secretion. The result is a rapid, unsatisfactory bowel movement, followed by paralytic reaction.

Pil. Cascara Comp. Robins is a rational therapeutic formula, which promotes a natural flow of secretions, which is, in turn, the physiologic stimulant of peristalsis. Thus a normal evacuation is produced, without subsequent inhibition.

Formula of Pil Cascara Comp. Robins-Mild.

Cascara	1-2 gr.
Podophyllin	1-16 gr.
Colocynth	1-4 gr.
Hyoscyamus	1-12 gr.

Dose 1 to 3.

Pil Cascara Comp. Robins-Strong is 4 times strength of the Mild.

ad-6-16

For the great bulk of your surgical work, doctor, you do not need to bother with the inhalant anesthetics—ether, chloroform, and the like—which are so awkward to handle and so disagreeable, and even risky, in their effects upon the patient. Most of your cases will come within the range of the much cleaner, simpler, safer hypodermic method. For minor operations, of a more or less superficial character, Anesthaine is the anesthetic of choice, ten to twenty minims, injected into the tissues, procuring and maintaining total anesthesia for twenty to thirty minutes. When you wish for deeper and more general anesthesia, your hypodermic syringe is still your resource, but this time it should contain H.M.C (Abbott) in solution. With these two anesthetics in your case—and they can be carried anywhere, and administered by yourself without any assistant—you are master of all but the exceptional requirements in anesthesia.

ad-6-16

Intestinal Elimination.

To accomplish intestinal elimination there is no remedy more promptly effective than Prunoids. This is attained, not only with surprising thoroughness, but

the activity of both the secretory and muscular function of the intestinal canal is restored with gratifying permanency. Prunoids, moreover, has the especial advantage that it does its work without any of the griping or deactionary constipation common to other cathartic measures. One to three at bedtime can be depended upon to move the bowels without exciting excessive peristalsis.

Neurasthenia.

The group of nervous ills which make up the clinical picture of neurasthenia, often call for the administration of the bromides. Too great care, however, cannot be used in selecting the preparation to be used, but the physician who employs Peacock's Bromides may rest assured that he is using not only a sedative—and anti-spasmodic—of maximum efficiency but one that is so pure and free from objectionable action, even when administered over long periods, that maximum benefits may confidently be expected. One to two teaspoonfuls in water every two, three or four hours as required may be relied upon to accomplish the results desired.

A Chicago physician reports:

"Some time since a young lady patient of mine learning that her mother, who lives in New York, was so very ill from neuralgia and general prostration that the case was considered alarming, as no relief could be obtained except from the use of narcotics, asked my advice and I told her that while I was not at liberty to interfere, if her doctor was willing, she should try Tongaline. I have just learned that the mother did so and is now so much improved as to be able to go to the Adirondack Mountains to recuperate."

The Delicate School Girl.

Even the most robust and generally healthy children show the deleterious results of the modern system of educational "forcing" that prevails in most of our larger cities. The child that starts the school year in excellent physical condition, after the freedom and fresh air of the summer vacation, in many instances, becomes nervous, fidgety, and more or less anemic, as the term progresses, as the combined result of mental strain and physical confinement in overheated, poorly ventilated school rooms. How much more likely is such a result in the case of the delicate, highstrung, sensitively organized, adolescent girl? It is

certainly a great mistake to allow such a girl to continue under high mental pressure, at the expense of her physical health and well being, and every available means should be resorted to conserve the vitality and prevent a nervous breakdown. Regularity of meals, plenty of sleep, out-of-door exercise without fatigue, open windows at night and plenty of nutritious food, should all be supplied. Just as soon as an anemic pallor is noticeable, it is a good plan to order Pepto-Mangan (Gude) for a week or two, or as long as necessary to bring about an improvement in the blood state, and a restoration of color to the skin and visible mucous membranes. This efficient hematinic is especially serviceable in such cases, because it does not in the least interfere with the digestion nor induce a constipated habit.

Rachitic Children.

The value of cod liver oil in rachitis has been so thoroughly demonstrated that there can scarcely be any question on the score of therapeutic efficiency, so the only problem arising in the use of cod liver oil in rachitis would be on the point of palatability, and if Cord. Ext. 01. Morrhuac Comp. (Hagee) be adopted then this is at once settled. Cord. Ext. 01. Morrhuac Comp. (Hagee) contains the essentials of the crude oil—the elements that give to the oil its well marked therapeutic and nutritive properties.

Physicians Drug News and Office Practitioner has been acquired by The Critic and Guide Company and will be consolidated with The Critic and Guide beginning with January, 1916. The consolidated journal will remain under the editorship of Dr. William J. Robinson.

Renewed Confidence in the Bromide Treatment of Epilepsy.

In the management of epilepsy the bromides still continue to be the remedy par excellence. In treating many of these unfortunate patients, however, the relief experienced is purchased at the expense of gastric disturbance, unsightly skin eruptions such as acne, and many other discomforts.

Unfortunately many practitioners have felt that the use of a single salt—potassium bromide usually—was preferable in the treatment of epilepsy. As a consequence of this and the all too frequent administration of an impure product, much harm has been done and the usefulness of the bromide treatment has been repeatedly questioned.

With the extension of knowledge on this important subject, however, a change has taken place and our most successful clinicians have at last wakened to the fact that satisfactory results can be accomplished by the bromides in the management of epilepsy if absolutely pure salts are used, in suitable combination and over a sufficiently long period. Continued study and investigation have substantiated these conclusions beyond all possible question.

Peacock's Bromides—each fluid drachm of which contains fifteen grains of the combined pure and neutral bromides of potassium, sodium, ammonium, calcium and lithium—meet these requirements in every way and can be administered over long and protracted periods, not only with benefits of the most positive and gratifying character, but with surprising freedom from gastric irritation or "bromism." It can be said without question that Peacock's Bromides have given substantial aid in restoring faith and confidence in the bromide treatment of epilepsy by placing it on a practical and effective basis.

Phylacogen in Pneumonia.

Perhaps no disease has baffled medical treatment to a greater extent than has lobar pneumonia. It must be conceded that as yet there is no true specific for the disease. The mortality from this type of pneumonia is high as compared with that of most other infectious diseases. In view of these facts, any agent that nearly approaches the specific in lobar pneumonia should be welcomed by the medical profession. Pneumonia Phylacogen is believed to merit that distinction.

In the use of Pneumonia Phylacogen, as in that of the various other Phylacogens, observance of certain details of administration may have an important bearing on the results. The product may be administered either subcutaneously or intravenously. The first dose should invariably be given subcutaneously. Injections should be made slowly—as slowly as possible, in fact. When injections are made hypodermatically the needle should not be allowed to enter the superficial fascia or muscular tissue. Certain patients, it has been found, do not absorb Phylacogen, when subcutaneously administered, with sufficient rapidity to produce the desired effect. Such cases will usually respond promptly to small doses given intravenously.

Large initial doses should be avoided. One Cc. will usually be suitable for the

initial subcutaneous dose, and for debilitated persons it is well not to exceed $\frac{1}{2}$ Cc. The increase in dose should be gradual—usually $\frac{1}{2}$ to 1 Cc. per diem, depending upon the effect of the previous dose upon temperature and pulse-rate, and only when these have again become normal should another injection be made.

The initial intravenous dose, which should always be preceded by one or more doses subcutaneously, should not be more than $\frac{1}{8}$ to $\frac{1}{4}$ Cc. (say 2 to 4 minims). Subsequently the dose may be increased by $\frac{1}{8}$ to $\frac{1}{2}$ Cc. each day, according to the general indications, avoiding if possible the production of a marked constitutional reaction.

Pneumonia Phylacogen, which is supplied in 10-Cc. rubber-stoppered glass vials, is preserved with an antiseptic, and, with ordinary care, will not deteriorate as a consequence of exposure due to opening the vial. None of the material need therefore be wasted.

Coryza—Acute Nasal Catarrh.

This condition is manifested by a local congestion of the nasal mucous membrane, with an infiltration of serum into the tissues and later an exudation on the part of the mucous membrane.

The local treatment calls for a remedy capable of relieving the engorgement by exosmosis, which can never be achieved by the use of acid or astringent preparations.

The use of Glyco-Thymoline in these cases purges the mucous membrane, relieving the congestion, and then by stimulating the local capillary circulation to renewed activity prevents a re-engorgement.

The Vantie Portable Lamp.

A clear light focussed in the right place is essential to doctors, nurses and patients alike. A new lamp so constructed that the light can always be concentrated no matter what its shape or construction be placed on the market.

Reading in bed calls for very peculiar lighting to lessen the natural strain upon the eyes while the reader reclines, but a special phase of VANITIE versatility makes it suited just for this need.

A patent clamp fastens the lamp to the bedpost no matter what its shape or construction, and a simple adjustment of the movable shade brings a radiant daylight before the reader.

This felt lined lamp that automatically remains inside the base when not in use allows the lamp to be securely fastened to a chair, dressing table or shelf,

and a rubber suction cup also concealed within the base fastens it to any smooth polished non-porous surface. This suction cup has an automatic release, a feature not found on any other lamp which enables the user to destroy the Vacuum instantly when desirous of moving the lamp from one position to another.

The adjustable and detachable shade referred to above fits any style or size of globe, and can be turned to practically any angle, the inside of the shade being coated with satin finished aluminum.

Another new feature is the visor joint which permits of free movement in every direction, and is so constructed that the insulating cord is protected at all times.

Ten feet of high grade parallel cord are wound inside the base of the lamp, and can be drawn out so that only the amount in actual use is exposed. The VANITIE lamp is constructed of high grade brass throughout, and is finished in Old Brush Brass and Heavy Nickel Plate. The height when standing erect is twelve inches, and as it weighs only one and one-half pounds, and is so compact it is easily packed for traveling.

ad-10-16

Free Until 1916.

Have you subscribed yet for The Youth's Companion for 1916? Now is the time to do it, if you are not already a subscriber, for you will get all the issues for the remaining weeks of 1915 free from the time your subscription with \$2.00 is received.

The fifty-two issues of 1916 will be crowded with good reading for young and old. Reading that is entertaining, but not "wishy-washy." Reading that leaves you, when you lay the paper down, better informed, with keener aspirations, with a broader outlook on life. The Companion is a good paper to tie to if you have a growing family—and for general reading, as Justice Brewer once said, no other is necessary.

If you wish to know more of the brilliant list of contributors, from our ex-Presidents down, who will write for the new volume in 1916, and if you wish to know something of the new stories for 1916, let us send you free the Forecast for 1916.

Every new subscriber who sends \$2.00 for 1916 will receive, in addition to this year's free issues, The Companion Home Calendar for 1916.

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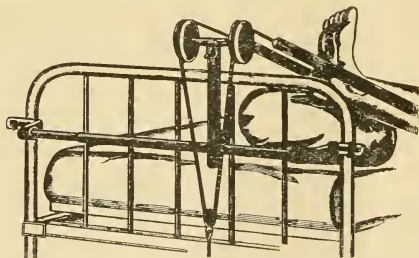
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During pregnancy, as a result of the extra tax imposed on every organ, the prospective mother often approaches the critical period of parturition without the reserve vitality and strength she obviously needs. To build up her body and reinforce enfeebled or flagging functions is imperative, and here will be shown the great value of Gray's Glycerine Tonic Comp. Used throughout the later months of pregnancy and following con-

finement, it gives to the mother the stimulus and support so necessary to enable her to pass successfully through a trying period, and also to meet the still more exacting demands of lactation.

As a result, therefore, of the benefits derived from this dependable tonic and reconstructive, breast feeding is not only made possible, but so greatly facilitated that the family physician cannot fail to appreciate the aid it gives him in his efforts to this end.

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A SUPPORT, that will hold the limb in any position and maintain it that way, and at the same time enable you to see and know that the fracture is in position. It is the only ideal way of treating a fracture of the leg or thigh, and is equally helpful in sciatica, hip-joint disease, spinal injuries, or any trouble requiring traction.

For leg or thigh, adhesive strips are placed on either side of the leg, and each strip left to extend eight inches below

the foot. The ends are then folded and fastened through rings with a safety-pin. In some cases it may be advisable to use a long posterior splint, in which case pad lightly with gauze and use a two-inch adhesive around both splint and leg. By adjustment made on pulleys by a thumb screw, the foot can be held at any angle or elevation. The direct, even traction on either side of the leg holds the foot without lateral support. You don't have to use a block of wood to hold the adhesive away from the malleolus. You will find you can get all the traction necessary with much less weight than by any other method, as the pull is constant, direct, and without friction. Your patients will appreciate this method of treating fractures. It gives them far more freedom of movement, and the bed pan can be used with very little inconvenience.

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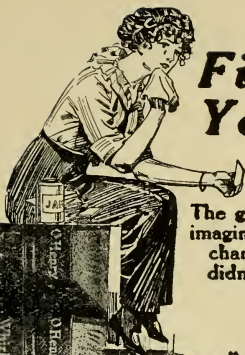
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VITAL STATISTICS — SUMMARY FOR THE MONTH OF NOVEMBER, 1915.

(CITIES	Pop- U.S.C. April, 1910	Est. Pop. July, 1915	Deaths 1914- 1915	Births 1914- 1915	Still- Births	Death- rate 1914- 1915	Birth- rate 1914- 1915				
*Asheville.....	18,826	20,490	35	32	21	24	3	20.8	18.7	12.5	19.9
Charlotte	24,138	38,887	63	57	54	75	6	19.9	17.5	17.0	23.1
Concord	8,731	9,266	18	10	27	17	3	17.2	12.9	35.7	22.0
Durham.....	18,469	23,962	27	36	46	19	3	14.1	18.0	24.1	9.5
Elizabeth City.....	8,455	9,501	11	14	18	12	3	14.2	17.6	23.2	15.1
Fayetteville.....	7,071	8,534	14	16	9	17	1	20.8	22.4	13.4	23.9
Greensboro.....	16,018	18,984	30	22	26	21	3	19.5	13.9	16.9	13.2
High Point.....	9,638	12,353	11	10	24	20	1	11.1	9.7	24.3	19.4
Kinston.....	7,055	8,515	4	15	22	15	1	4.3	21.1	32.1	21.1
New Bern	9,976	10,357	20	24	11	30	4	23.3	27.8	12.8	34.7
**Raleigh.....	19,213	19,980	47	36	54	35	1	28.4	21.6	32.6	21.0
Rocky Mount.....	8,158	11,461	16	27	11	9	1	17.6	28.2	12.1	9.4
Wilmington.....	25,848	29,384	58	41	73	60	10	22.8	16.7	31.5	24.5
Wilson	6,784	8,399	7	9	7	10	1	10.4	12.8	10.4	14.2
Winston-Salem	22,890	20,141	42	45	29	20	1	17.3	17.9	11.9	7.9
Total.....	221,270	260,214	393	394	432	394	42	17.4	18.4	20.7	18.5

*Six non-residents of the State.

**Six deaths from State institutions.

DEATHS BY PRINCIPAL CAUSES, ACCORDING TO LOCALITY AND AGE, NOV., 1915.

CITIES	Contagious diseases	Typhoid Fever	Tuberculosis of Lungs	Tuberculosis of other forms	Cerebro-Spinal Meningitis	Cancer	Pellagra	Diarrhea and Enteritis "Under two years"	Diarrhea and Enteritis "two years and over"	Pneumonia, including broncho	Suicides	Homicides	Accidents	Under one year	One to five years	Five to six-five years	Sixty-five years and over
Asheville.. . . .		7	1					2		2			1	5	3	20	4
Charlotte		2	5	1	1	2	2	3		7			1	12	8	27	10
Concord			1					1					2		1	6	3
Durham	2	1	7			1	1	3	2	1			1	5	2	23	6
Elizabeth City							2	3	1				1	4	1	6	3
Fayetteville.. . . .		1	1			2		2		2			2	3	3	8	2
Greensboro	1		2			1	3			1			2	3	2	12	5
High Point		1						2	1				1	2	1	7	
Kinston	1		2					2	1	1				5	2	6	2
New Bern	1	2				1	1			3			3	2	4	14	4
Raleigh.. . . .		1	2		1	1	2	4	2	2			2	8	2	21	5
Rocky Mount		1	9			3		2				1	2	7	1	17	2
Wilmington	1		5			1	2	3		6			2	8	5	21	7
Wilson			1									2		3	2	4	
Winston-Salem	1	3	7	1		1		5	2	1	1	1		10	5	25	5
Total	7	12	49	3	2	13	13	32	9	26	1	4	20	77	42	217	58

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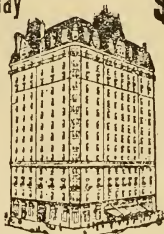
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General Manager.

George Washington: Farmer. Being an account of his home life and agricultural activities. By Paul Leland Haworth. Author of "The Path of Glory," "Reconstruction and Union America in Ferment," etc. Indianapolis: The Boobs-Merrill Company Publishers. \$1.50.

Since Mr. Haworth wrote his "Path of Glory," and other books anyone would naturally be interested in his writings. This present volume is superior to the former ones in every respect. Mr. Haworth writes well and his style is quite entertaining. The facts in the book are something like this. George Washington made his money on his farm. He was the first scientific farmer in America. He cultivated alfalfa in 1760. He was the first American to raise mules. He was one of the first to conserve the soil. He performed hundreds of agricultural ex-

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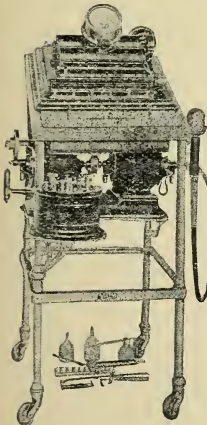
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The next annual meeting of the North Carolina Medical Society will be held in Durham, N. C., on the third Tuesday of next April.

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The next annual meeting of the Tri-State Medical Association of the Carolina and Virginia will be held in Richmond, Va., on the third Wednesday of next February.

Steve Yeager. By William MacLeod Raine. Boston and New York: Houghton Mifflin Company. 1915. Price \$1.35.

Mr. Raine is certainly an attractive writer and we have enjoyed very much looking over this volume of his. The story deals with a Mexican cowpuncher, Steve Yeager, who is with the Lunar Film Company. Steve thinks he has made two discoveries: first that Chad Harrison, another member of the company, is an expert cattle rustler and in league with Mexican bandits; second, that Ruth Seymour is made very happy by the attentions of this same Chad.

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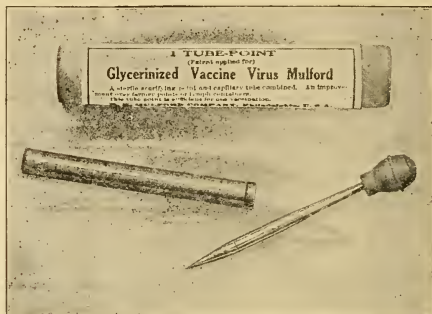
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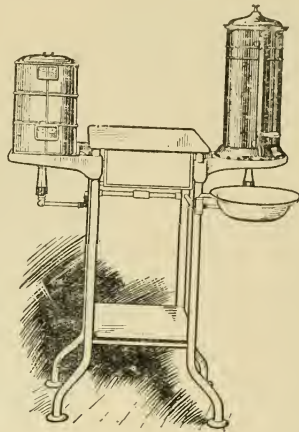
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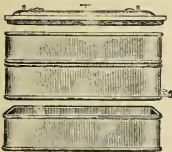


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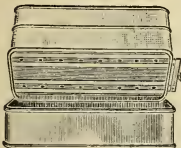
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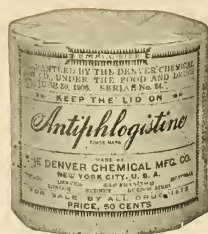
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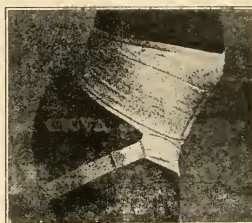
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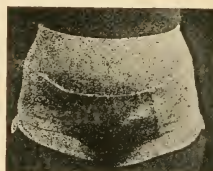
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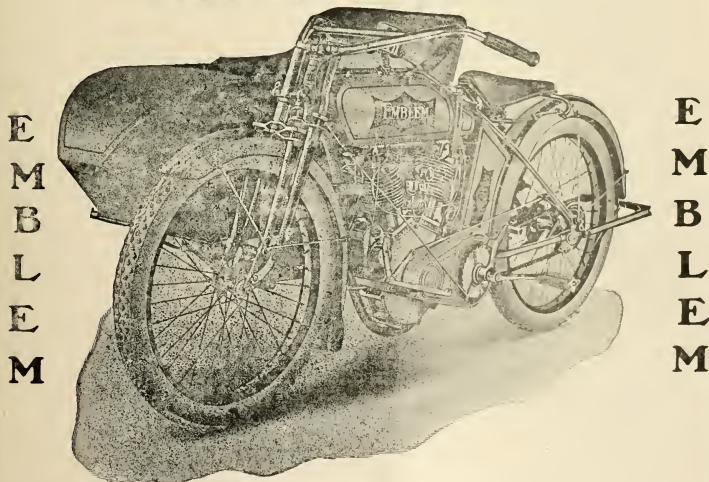
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Dr. J. T. J. Battle, Greensboro, N. C.

The Charlotte Medical Journal

VOL. LXXIII

CHARLOTTE, N. C., FEBRUARY, 1916.

No. 2.

JOHN THOMAS JOHNSON BATTLE, M. D.

Edited by Drs. D. W. and Ernest S. Bulluck,
Wilmington, N. C.

It is said that Dr. J. T. J. Battle once confronted during his rounds an old lady who presented the argument that God put the flies and mosquitoes in the world for a purpose, and he in reply asked that she assist in keeping the number as near the original pair as possible. This little incident gives us an insight into the work of this guardian of health.

Dr. Battle was born at Wake Forest, N. C., April 14, 1859. He obtained a rudimentary high school education in the public school of his town, and next attended Wake Forest College. He was graduated with the degree of A. M. at the age of 20. He then turned to the study of medicine at the College of Physicians and Surgeons, Baltimore, and was licensed to practice in 1884, the year of his graduation. For twelve years he was located at Wadesboro, N. C. In 1896 he moved to Greensboro, N. C. After several years of general practice, he specialized in insurance work, and is now Medical Director of the Southern Life and Trust Company.

In addition to his official duties, he is investing his time in improving the healthful conditions of his city and the country at large. He volunteered to rid the city of Greensboro of mosquitoes in 1913 and 1914, and waged a vigorous campaign by the use of boy scouts, school children and Sunday school classes, and great was the success thereof. The Greensboro Daily News tells us that Dr. Battle has gone far toward regaining for Greensboro her proper reputation as a place where the curse of swamps and marshes is unknown. It states further: "that science teaches us that without mosquitoes there would be no malaria, and experience leads us to believe that with Battle there will soon be no mosquitoes." He has compiled pamphlets teaching the public how to abolish mosquitoes and flies, and these are highly educative. Last summer during the session of the summer school at the State Normal College, when the industrial phase of the country school problem was being dealt with, Dr. Battle talked to the audience, and sanitation was the burden of his talk. His fight is not yet won, but

must go on with increased fervor.

As Medical Director of the Southern Life and Trust Company, Dr. Battle is at the head of the health conservation work of that company, a work which embraces the re-examination of the policyholders periodically. A large number of the company's policyholders have taken advantage of this work, and untold good has been accomplished. Dr. Battle also contributes health articles regularly to *The Pilot*, the monthly organ of his company. Two issues of that publication are sent every year to all of the company's policyholders, and in this way Dr. Battle is able to reach several thousand people. In addition he has contributed many helpful papers to State and County societies, medical journals, and the American Life Convention (composed of Medical Directors of insurance companies), and the city papers have teemed with articles from his pen on sanitation.

He is a tireless preacher on the subject of intemperance. He has published numerous articles on this subject, and it was he who introduced at the meeting of the State Medical Society in 1914 the resolution declaring that "alcohol as a drug can be eliminated from the pharmacopeia without in any degree crippling the efficiency of the doctor's armamentarium."

During his days of general practice Dr. Battle did post-graduate work at Johns Hopkins, New York Polyclinic and Post Graduate, giving his time to general medicine. He has not neglected the organizations of his profession, but is a member of Guilford County Medical Society and the North Carolina Medical Society, and many others.

In 1889 while engaged in general practice at Wadesboro, N. C., Dr. Battle joined the Medical Society of North Carolina of which he has been an active and honored member since. Several helpful papers from his pen are to be found in the annual volumes of transactions, and his presence and ready tongue contribute frequently to the instructive discussions at the sessions. From 1902 to 1908 Dr. Battle served as a member of the North Carolina State Board of Medical Examiners, and fully established his reputation in that delicate and important work as a careful, competent and conscientious examiner, equally considerate of his great responsibility to the people of the State,

the profession, and the young physicians essaying the difficult task of effecting entrance to the ranks of legal practitioners.

His interests are wide in scope. He has been Trustee of Wake Forest College since 1904, and of Meredith College since 1910. He is Assistant Health Officer of Greensboro, and a member of the Board of Health of Guilford County. He is a Director of the Travelers' Aid Association; a Director and Chairman of the Committee on Sanitation of the Greensboro Chamber of Commerce, and a Director and Chairman of the Public Health Committee of the Greensboro Board of Public Welfare.

Not the least important of his admirable characteristics is the fact that he is a devoted member of the Baptist Church, and has been Deacon since 1911 of his church at Greensboro.

The destiny of the Medical Department of the Southern Life and Trust Company is in safe hands.

A CONSIDERATION OF SOME OF THE DEFINITE INDICATIONS FOR THE USE OF LOCAL ANAESTHESIA.*

By Dr. R. L. Payne, Jr., Norfolk, Va.

Habit and custom are both too prone to exercise a deleterious influence on our actions. It is a fact, generally speaking, that surgeons and physicians are wont to make use of general anaesthetics on occasions when there is not only a particular contra-indication for such practice but a very definite indication for the use of local anaesthesia.

In this day of scientific progress it would seem that almost all surgical procedures have been made possible with local anaesthesia; the thoroughness of infiltration, the definite results of paraneural and intra-neural injections, the exactness of regional sequestration and the wonders of spinal anaesthesia have permitted the enthusiast to include almost everything surgical within the scope of local anaesthesia.

It is not my purpose to burden you with a detailed consideration of the possibilities of local anaesthesia but to call your attention to a few of the definite indications for its use. In many instances the general anaesthesia habit clouds our good judgement with the result that chloroform, ether and nitrous oxide are used when local anaesthesia is the absolute indication.

The fear of general anaesthesia, particularly the horror of the loss of consciousness

are often psychic influences which contribute materially to shock and therefore such a mental condition in a patient often points to the use of local anaesthesia if possible. Especially does this fear exist when there has been a previous operation with the sequelae of prolonged nausea, tympanites, intestinal paresis and duodenal or gastric dilatation. Post-operative death often occurs through exhaustion from lack of nutrition because the exhibition of a general anaesthetic has resulted in a serious derangement of the alimentary canal. It would therefore seem that the previous existence of any one of the above mentioned conditions is a definite indication for the use of local anaesthesia in approaching operative procedures.

It is needless to emphasize the importance of proper nourishment after severe operative procedures and this serves to bring out the point that in weak patients it is unnecessary to starve them prior to operation; it is a fact also that well fed patients stand operations under local anaesthesia much better than starved ones and for this reason it is wise to allow a small, nourishing meal about two hours before work under local anaesthesia.

The very fact that the alimentary canal retains its tone and feedings can be kept up is an additional advantage in the prevention of shock.

Surgical procedures on extremely weak, ill or toxic patients should always be undertaken under local anaesthesia if possible, because their sensibilities and reflexes are very much below par and they therefore make good subjects. The possibility of an after-coming acidosis is particularly imminent in this class of cases when ether or chloroform are used and the importance of local anaesthesia from this standpoint cannot be too strongly emphasized.

The exhibition of chloroform to a patient with an approaching acidosis is almost always followed by liver necrosis and inevitable death; therefore, in many cases where we have been accustomed to use chloroform, and in all cases where chloroform is considered dangerous, local anaesthesia is definitely indicated.

It seems to the writer that the average surgeon of today lives more in fear of the condition of acidosis following ether and chloroform, than he has in the past feared urinary suppression from the use of sulphuric ether.

Pregnancy is a very definite indication for the use of local anaesthesia in most surgical conditions becoming necessary

before the time of delivery. It is in this condition that metabolism is too often radically upset; it is here that the liver is so susceptible to degenerative changes; it is here that acidosis is always a grave and impending danger; therefore, when possible general anaesthetics, particularly chloroform, should be avoided.

Post-operative vomiting from general anaesthesia often serves to undo skillful and well executed operations, therefore, in plastic work on the abdominal wall or operations upon the face and mouth there is a definite indication for the use of local anaesthesia.

Certain constitutional diseases are well recognized as contra-indications to the use of general anaesthetics and it is only necessary in passing to mention the fact that local anaesthesia is always indicated in advanced renal, hepatic, cardiac and pulmonary diseases; in the aged, the arterio-sclerotic types, and in all conditions of cachexia.

Psychic influences, trauma and hemorrhage have long been accepted as the chief causes of shock and we must always remember that the reflexes to the higher centres are not cut off by a general anaesthesia. Under local anaesthesia the brain is not asleep; the medulla with its vital cardiac, respiratory and vaso-motor centres is not cut off from the field of possible trauma and therefore since local anaesthesia does serve to sequester these vital centres it is indicated in shock, not only to prevent further traumatic influences reaching the brain but for those procedures in which shock may be a possible factor.

In every instance where large nerve trunks are to be divided, the traumatic impulses should first be blocked by intra-neural anaesthesia.

More recently, we have learned that fractures of the long bones offer a definite indication for the use of local anaesthesia. Few fractures can be readily and satisfactorily reduced without the use of some form of anaesthesia and it is here that thorough infiltration or the direct injection around or into the particular nerve supply offers a relief from the possible dangers of a general anaesthetic. This procedure is especially adaptable to the brachial plexus for the arm and the obturator, anterior crural and sciatic nerves of the leg.

Acute inflammatory conditions of the thorax, particularly lung abscess and empyema of the pericardium or pleura offer a definite indication for the use of local anaesthesia. It is here that the exhibition of a general anaesthetic is

particularly distressing and it hardly seems necessary to emphasize the importance of local infiltration for aspirations of the chest and in all primary thoracotomies.

Since all hernias are thoroughly amenable to local anaesthesia it has seemed to the writer that the strangulated types offer a definite indication for its use. In this condition there often exists both profound toxemia and shock and the additional insult of a general anaesthetic can be eliminated we will best conserve the welfare of our patient.

The drainage of pelvic abscesses in women through the cul-de-sac can readily be accomplished by infiltration behind the cervix and I believe that this short procedure should always be done under local anaesthesia.

There is also a definite indication for the use of a lasting local anaesthesia by the aid of Quinine and urea in all hemorrhoid operations. I know of no other single surgical procedure, when properly done, that offers nearly a hundred per cent. of cures than the radical operation for hemorrhoids. Yet, how many poor sufferers there are who are prevented from seeking relief from this trouble on account of the prolonged after pain described to them by friends or relatives who have been through this ordeal without the help of local anaesthesia.

Speaking of weak and toxic patients, many surgeons have come to recognize a definite indication for the use of local anaesthesia in typhoid perforations. When this condition exists many hours a fatal result is almost unavoidable and it is for this reason that the well founded argument is brought forward; namely, that prompt exploration through a small incision under local infiltration is most desirable, for only in the early or elective stage does surgery offer any hope.

In surgical procedures on the genito-urinary canal there are several very definite indications for the use of local anaesthesia.

Urethral strictures, whether impassable or nearly so will often permit palliative instrumentation through shrinkage of the tissues from the action of a properly selected local anaesthetic. The method is particularly adaptable to alcoholic congestion of old strictures and to the strangury with retention in prostatics.

In painful and malignant chancroids the actual cautery is one of our best remedies and here local infiltration is clearly preferable to a general anaesthetic.

In most cases of vesical retention where

supra-pubic cystotomy is necessary, there is a definite indication for infiltration anaesthesia in the execution of this simple surgical procedure.

In most cases demanding prostatectomy there is clearly a definite indication for the use of local anaesthesia. I am almost persuaded that all prostatectomies should be done under this method, for in this condition is usually found the symptom-complex of advanced renal, hepatic, pulmonary and cardio-vascular disease which absolutely contra-indicates the use of a general anaesthetic.

In closing, it is wise that we be familiar with the contra-indications to the use of local anaesthesia. Since psychic influences play so important a part in the production of shock we can at once rule out all procedures where impressions from the field of operation may favor this condition.

The method is especially contra-indicated in epileptics, in all who stand the least bit of pain poorly, in highly nervous or excitable patients and always in the confirmed neurotics.

Finally, I would mention what should be both a first and last definite indication in the use of local anaesthesia, and here the consideration is the operator.

The first premise is that he must possess a thorough and comprehensive technical knowledge of the materials used.

Secondly, he must possess a ready and intimate acquaintance with the nerve supply of a part and lastly he must continually court precision, gentleness and above all patience.

Gross dissection, unnatural rapidity, anatomical ignorance and rough handling of tissues has no part in the successful application of the method herein considered.

*Read by invitation before the Beaufort County Medical Society December, 1915.

FEE SPLITTING: PROBABLE CAUSE. SUGGESTION AS TO REMOVING THE CAUSE.

By Thos. B. Leonard, M. D., Richmond, Va.

The question of fee splitting is attracting a great deal of attention within the profession and in the lay press.

It is admittedly reprehensible practice and one that should not be countenanced. The purpose of this communication is not to defend or condemn the act but to study the cause and suggest a remedy.

The articles upon the subject which the writer has seen do not attempt a so-

lution of the problem nor do they touch upon the cause but superficially. All of them, however, give expression to their wrath which falls most heavily upon the general practitioner. This is what might be expected for it is in accord with custom that ones indignation is spent upon a minor partner, whether the partnership be in a profession, in business or in crime. We frequently see this human trait exhibited.

A petty thief, for example, is an object of contempt whereas a thief guilty of grand larceny is looked upon as a sort of hero. We are so carried away in the magnitude of his offense that we have a kind of admiration for his "gall." So it is with the partnership between the surgeon and the "ordinary" doctor. The surgeon is considered to have graduated out of the class of the general practitioner and his position as a consultant conveys to the lay mind a superiority over his humbler accessory, which in a large measure exempts him from criticism.

The fact is that fee splitting is the product of the surgeon. I am informed that there are many specialists who have in one way or another suggested a willingness to split the fee of an operation with the family physician.

The reason that men are tempted to solicit business, (for fee splitting is nothing more or less), is that competition is not only acute but unfair. We will say, for example that Dr.—— is fortunate enough to contract an alliance, in some way with influential friends who rapidly advance him to a professorship in a medical college. He may have no especial training and even less ability than some of his own classmates, doing the same line of work. Yet this pull, social, political or otherwise at once places him in the front rank in the eyes of the unsuspecting public. His brighter but less fortunate contemporary, in the meantime, is forced by circumstances to remain an unimportant factor, regardless of his ability.

The man so elevated does not hesitate to use his position as an advertising bureau which makes the competition unfair. Of course, this is only a hypothetical case and not true in all instances but the fact remains that the best surgeons are not always the best known. Indeed, the greatest surgeons in this country and in others, are those who have been through the experience of the less fortunate man spoken of here. He arrives at recognition through long years of hard labor and self sacrifice and often in the face of impending poverty. Again there are those who never attain recognition commen-

surate with their accomplishments and go to their graves unknown and unhonored. Now, if such an one should say to his best friend that if he considered that his patient would be as safe as under the knife of a better known surgeon that they divide the fee between them, I regret the necessity for him doing so. Circumstances do not lessen the offense.

At the same time, I can imagine such a case occurring out of necessity, so I do not condemn him to the extent of some other contributors on the subject. They do not, I believe, solicit in the way that some would have us think but they approach their friends in the manner of a business proposition, confident in their ability to do as thorough work as any one else. So much for the surgeons part whom I have shown to be the aggressor but have been charitable enough to acknowledge circumstances which alter the complexion of his crime. So fee splitting is not the result of one man trying to under cut another but is the result of a condition, a condition which is a recognized problem of all business, professional or commercial—the condition of finding a market for ones wares. A man spends twelve or fifteen years of his life fitting himself for the practice of surgery and when he has developed sufficient skill to entitle him to undertake a major operation upon his own responsibility, he finds himself without a market for his ability. Nobody wants him because he has been known for a long time as the assistant to Dr. Somebody. If he goes to a new field he spends years more proving his ability on charity patients and his only hope is the retirement or death of an older and possibly inferior competitor. On the medical side, the family doctor is unable if he conscientious, to make a respectable living when he refers his cases to proper consultants in every instance. Thus, we have the extraordinary and anomalous condition of the most intelligent body of men in the country unable to earn a living without resorting to unmoral if not illegal combination.

How are we going to remedy the situation? Simply by reducing the number of men doing surgery. How are we to do this? By requiring men contemplating the practice of surgery to spend a specified number of years—five years would not be too long—in the general practice of medicine and surgery, the last two and one-half years as the assistant to a busy surgeon, then he must stand a competitive examination in actual operative work under a master surgeon.

This would include surgical anatomy,

physiology, pathology, microscopic technique, and biologic and serum therapy. The examination must be the most rigid possible, each applicant being required to do such operative work as gastro-enterostomy, pylorotomy, hysterectomy, prostatectomy and so on. Of course, there would be difficulty in securing material for the examinations but with the knowledge of the requirements, fewer men would undertake the task and under the eye of a master surgeon the danger to the patient would not be increased.

When a man passed such an examination he would be admitted as a fellow of the American College of Surgeons, regardless of whom his grandfather happened to be and only fellows of this association would be allowed to operate.

We would then have available space in these extensive United States to comfortably house these real surgeons and there would be no necessity for fee-splitting. Prices for operations should be standardized amongst these men and such honors as would come to one or another would be because of unusual personality or original research in surgical work.

In this manner there would be an honorable and friendly competition to attain special positions or offices in the gift of the body. The same principle could be carried out in other branches of medicine so that the entire medical fraternity would be specialists in their chosen lines and all who because of insufficient training or moral turpitude, weeded out to pursue more fitting and certainly more remunerative vocations. If I hear objections from these, I answer that they should not wish to impose their incompetence upon the people and I believe the latter would welcome the plan and insure its operation. After all, only those who are proficient, are licensed, morally, whatever the law on the subject, to assume the responsibility for a human life.

OPIUMISM AND OTHER NARCOTIC HABITS THIRTY YEARS AGO, AND NOW.*

By Dr. S. M. Crowell, Proprietor of the Crowell Saaatorium, Charlotte, N. C.

Thirty years ago, it seems to me, it was a rare thing to hear of one addicted to Morphine, Laudanum and allied drugs. In fact, when a boy I recall two cases only; one, a man who contracted the opium habit on account of frostbitten feet, the other, a woman who became addicted to Laudanum through pain from some "female" disease.

As a student, to the best of my knowledge, I heard the opium habit mentioned only once or twice, and we felt that this reference to the subject was more for our amusement than instruction, the late Prof. I. E. Atkinson of the university of Maryland having briefly referred to the subject in his lecture on opium, and perhaps some of you present recall our old friend, Prof. Francis T. Miles' old lady suffering from "Shaking Palsy," whom he used on clinics, and kept easy on constant doses of Morphine solution.

Beginning the general practice of medicine in 1895 and continuing for 5 or 6 years, I perhaps encountered half a dozen individuals addicted to the various preparations of opium. So with this brief history you may easily imagine my knowledge of the subject when I decided to enter upon this special work.

Prior to about 1900, with the exception of Dr. Leslie E. Keeley's, there had been but little study or work done along this line, and of course we consider his work "irregular." But I must say with all sincerity that he stimulated others to thinking and working, and, as a result, there are to-day hundreds of doctors at work on the subjects of inebriety and drug habituations in the United States relieving these victims who are so much misunderstood and maligned. It has been estimated that there are anywhere from two to three million drug habitues in the United States. Some one recently asserted that within twenty years after taking up the habit, the American nation had almost as many drug habitues per capita as China had after having paid homage to King Opium for over two hundred years. Perhaps this "fast" life characteristic of Americans is largely responsible for much of the drug using.

Just prior to my taking up this work, Dr. Geo. E. Petty had done much meritorious work along this line, he being the first and most able man in the Southwest to devote his entire time to this specialty. To him I am indebted for much help.

Working upon the hypothesis that Morphinism is a disease with a distinct pathology, consisting of a chronic toxæmia instead of being a mere vice abandonable at will, about 1901 I began the study and treatment of Opiumism, Alcoholism, etc. Early in my experience I found a larger per cent. of physicians addicted to Morphine than at this time, and a greater per cent. of all habitues combined Atropine and Cocaine with the drug than at present. Perhaps one reason for this decrease in the number of addicts among the physicians is the most ex-

cellent courses in our medical colleges on Inebriety, Psychiatry, etc. In this section there has been a great decrease in the use of Cocaine among the white people, however, only to be adopted by the lower element among the negro race who seem to have a great weakness for this "Joy Powder," especially when whiskey is not obtainable their favorite method of using it being as a "sniffing" powder. I might safely say that the drinking white man has shown a like tendency to resort to the use of Morphine when whiskey is not procurable, the vast majority using Morphine hypodermatically.

Right at this place, I wish to say that Morphine, Whiskey and Cocaine are not the only drugs which are impairing the health of our people, especially in the South, and spreading to the West and North. In a mild, insidious and most positive manner Coca Cola, Pepsi Cola and allied mixtures are doing much to undermine the health of our race. Hundreds of men, girls, women, and even children are daily drinking this damnable "slop" at the fancy drug stores, corner groceries, and country stores alike. Of course the ever wide-awake "dagoes" are serving the "stuff" too, and the wonder is that the "darn" heathen "chinee" has not been serving these drinks along with his "Washee." We now know Caffeine to be the most harmful agent in Coca Cola and allied drinks, and that the drinks produce indigestion, constipation, consequent "biliousness" and a most disagreeable train of symptoms winding up often in a long "drunk" with all its evils. I have observed individuals addicted to Coca Cola who would grow perfectly maniacal when it could not be procured at the accustomed time. I understand that some of these syrup concoctions are put up "with" and "without" Caffeine.

So much for this slight diversion. Proceeding with the original, I will say that the various prohibition laws are doing very much towards putting a stop to excessive Whiskey drinking in this section of the country, and it seems that the temperance and prohibition sentiment is rapidly and favorably spreading all over the country. Of course this same sentiment exists in reference to drug using too, and for a decade there has been more stringent laws and customs about the sale and handling of narcotic drugs in general. However, during this period I have seen 8 and 10 year old children buying Morphine with as much familiarity as if purchasing a nickle's worth of stick candy. In fact, within the past two years

I treated a family consisting of a mother, a 17 year old son, another of 8, and a little girl of the tender age of 3 ½ years for the Morphine habit, the children having used the drug from birth, their mother, an habitue', having put them on the drug immediately after birth. However, inspired by the above and similar factors, the Harrison Anti-Narcotic Law will assist very materially in wiping out the Opium habit in America. From the very beginning of its operation I could see a most decided improvement in the subject.

In the first place, this law almost completely cuts off the "beginner" into to with all honest physicians and druggists—and this is true also with the habitue' when treated and returned home.

It has been my observation that the majority of Morphine patients leave institutions far too early, leaving before they are sufficiently strong to go out upon their own responsibility. After having been free from the Morphine for a brief period, in fine physical condition, toned-up by the best tonics and treatment in general, they naturally feel good, full of optimism and energy. Under such condition they very naturally wish to resume their business, which, in most instances, is very much discounted. As a result perhaps of indiscriminate eating or other impropriety, the patient falls ill, and so easily recalling its effects at this time, decides to take just one dose of Morphine to "tide over" this time. Or perhaps he foolishly decides that he can take a little Whiskey to aid him in the performance of his various duties. This produces intoxication, and ultimately an unquenchable desire for the Morphine. Thinking he can indulge "just one time," the drug is taken, terminating ultimately in renewal of the old habit. His intentions were good but practice very unwise, sure and most disastrous.

The Harrison Law will prevent this action in most instances, as I have observed since last March, and it is tangible evidence that when a habitue' is cured now he must remain free from the drug. However, it is my opinion that Paregoric, Wampoles Hypno-Bronic compound, and similar preparations, should also be placed on the Anti-Narcotic list, as some might resort to these agents in lieu of the stronger alkaloid.

There is now a prohibition sentiment existing the world over including Alcohol, as well as all other narcotics. Even old China woke up from her long "pipe dream" a few years ago, and passed very strict laws in reference to the production of Opium, restricting its production

yearly for ten years till the entire Empire ceased to produce it. (Mr. Barnett). This was followed in the South by local option, restriction of the sale of narcotic drugs and finally prohibition and the Harrison Law, the watchword being "Eugenics," and "I did not Raise my Boy to be a Drunkard."

For a number of years I have advocated county or State aid for institutions to treat the indigent, or poor chronic Alcoholics and drug habitue's, but to no avail. But several of our sister States now maintain similar institutions by taxation, and just the other day the Asheville doctors, according to press reports, inaugurated a plan and asked the city and county for \$500, each with which to cure their local habitue's of this class, numbering perhaps 15 or 20.

Another function of the Harrison Law seems to be that of "uncovering" many of the formerly practically unknown cases of drug addiction.

The Pathology of Opiumism.—As suggested elsewhere, constant drug using produces a chronic toxæmia, or intoxication, followed by chronic fatigue, neuræsthenia, etc., hence the pathology is essentially a functional perversion, and most amenable to treatment.

The Treatment.—Of course there are a number of methods, and the same method in different hands varies in efficiency. Almost fifteen years experience in this work exclusively has taught me that it is best to keep the patient under observation in an institution (and they can not be successfully treated outside of one), as a rule, for about one week, reducing the Morphine to the minimum, all the time eliminating the effete material, toxins, ptomaines, etc., by use of hot tub, scrub baths, purgatives, diuretics, etc., and administering the best of tonics to build up the debilitated cells as rapidly as possible.

In the very beginning it is most important to secure the patient's confidence and co-operation.

Convince him that you can not only cure him, but that it can be accomplished without the reputed suffering so often involved in earlier days. Of course this is in no sense the old gradual reduction, but a safe and sane preparation for the final withdrawal of the Morphine, which is best and easiest accomplished by a modification of the "Twilight Sleep," which method I have employed for some time. Of course in this work, as in other lines, we may not be able to use this method in every case perhaps. We must study each individual as he is a law unto

himself, and treat him accordingly. However, it can be used in the great majority of cases, and in this manner, we can take one off Morphine and the patient scarcely realize when the drug was finally discontinued, and in experienced hands the drugs, of course, are absolutely harmless. You may conscientiously assure the patient that he will suffer no pain in thus getting off Morphine, his greatest inconvenience being a feeling of weakness for a few days. The time required to cure the Morphine habit varies from 4 to 6 weeks, four weeks being about as long as we can easily keep a patient in the institution, but all of them are inclined to leave too early. To successfully treat these cases, the patient must be in an institution, preferably one especially designed for this line of work, and the Doctor must be present at all hours to judge when to give the medicines, for as yet there is no way by which we can effectively leave this in the hands of even our best nurses.

In this time our patients grow strong and hearty, appetite and digestion good, sleep refreshing and rejuvenating. During the last week in the institution all medicines should be discontinued, and the patient taught abstinence, self-reliance and that "the past is past," and that "there is a future for every man who has the courage to repent and the energy to atone."

*Read before the Seventh District Medical Society at Rutherfordton, N. C., December 14, 1915.

PERNICIOUS PURGATION FOR ABDOMINAL PAIN.

By G. P. LaRoque, M. D., F. A. C. S., Richmond, Va.

The doubling-up bellyache of childhood was commonly relieved by the classical castor oil treatment, administered by mother upon the suggestion of "grandmother" or a sympathetic neighbor. In the days of our youth, especially during green apple season, castor oil, calomel, epsom salts and other nauseating medicines were administered doubtless to clean out the gastro-enteric canal, though many of us sometimes were inclined to believe that the purpose of punishment lurked in the motives of those whose duty it was to chastise us for disobedience of orders given to us as warning. Even in adult life, the colicky effects of lobster salad, mayonnaise, crabs and ice cream, call for swift purgation for the relief of the pernicious effects of the insult

to our intestines inflicted by our palates.

Be it noted however, that the colic of infancy, now called ileo-colitis; the bellyache and quick-step of green apples, now called cholera morbus; the abdominal knock out due to an indiscreet mixture of certain irritating foods in hot weather, now called food or ptomaine poisoning, that all these affections are characterized by diarrhea in addition to colic; and that a swiftly acting purge is urgently called for to hasten relief.

On the other hand practically all cases of severe abdominal pain in which the causes above mentioned are not immediately obvious, are commonly attended by bowel tightness or at least the absence of diarrhea and are attended or soon followed by nausea and vomiting. Appendicitis, bile tract disease, with or without stone, pyloric inflammation and spasm with or without ulcer, pancreatitis, kidney colic, inflammation of the pelvic organs, extra uterine pregnancy, twisted ovarian tumors, strangulated or incarcerated hernia, intestinal obstruction, peritonitis from any source, these are common causes of abdominal pain independent of obvious dietetic errors and commonly attended by constipation, never by diarrhea.

The monumental physiologic treatment of peritonitis enunciated and so lucidly described and strongly emphasized by Ochsner, has caused us to view from the proper angle the treatment of all affections characterized by acute abdominal pain. The fundamental principle of physiologic rest of any structure the seat of inflammation, calls urgently for the rigid avoidance of foods and purgatives in the management of all colicky affections of the gastro-enteric canal save lead colic and those diarrheal affections due to food indiscretion. The clinical observation of surgeons that in appendicitis, purgation provokes peritonitis has caused us to reverse the teaching of fifteen years ago that calomel and castor oil exert a curative effect upon "certain cases of appendicitis." The belief in this teaching was with such difficulty surrendered by its adherents, that certain eminently qualified practitioners continue to administer the purge supported by paregoric, laudanum and other opiates for the purpose of preventing its purgative action and of alleviating pain. Now, however, since the teaching of Ochsner and others has spread into the remote corners of the profession, it is high time for us to urge upon the doctors and especially the laity, that purgation in the presence of abdominal pain, except when the pain is accom-

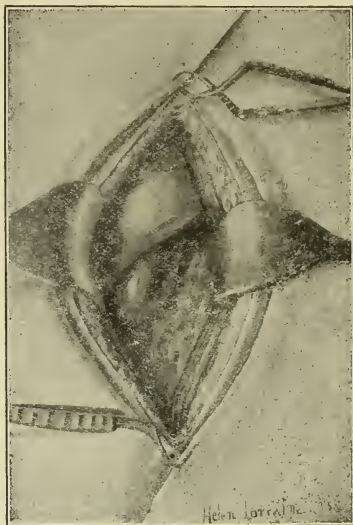
panied by diarrhea, or is obviously that of lead colic, is dangerous practice, productive of peritonitis, antagonistic to the pathology, dangerous in causing the spread of the inflammatory disease and on the whole pernicious in effect. On the other hand recognized standard practice based upon the production and maintenance of physiologic rest of all abdominal organs, in the presence of colic demands the withholding of food, and the application of local relaxing remedies such as hot water bags, ice bags, turpentine stupes etc., and the additional use when needful, of such remedies as paregoric and other opiates, with the usual carminatives. Complete splinting of peristalsis is called for and when this is violent, morphine is needful and should be administered hypodermically while preparation is made for a surgical operation.

Until only a few years ago we were taught that the "symptoms must not be masked by opiates." When it is borne in mind that save with lead colic, practically all affections of the abdomen characterized by abdominal pain, unless accompanied by diarrhea, or at least by a looseness of the bowels, are due to surgical pathology, and when it is remembered also that most such affections are easily diagnosed at a single thorough examination, and since it is also recognized that to pacify peristalsis is perhaps the most important part of the preparatory treatment for operation, it will at once be conceded that it is much better to mask the symptoms by splinting the pathology than it is to intensify the pain and spread the pathology by stimulation of peristalsis through the administration of a purge. It is not universally agreed that the management of peritonitis and appendicitis or of any other abdominal pathology, should be guided by the hands of the clock, but it cannot be doubted that standard principles in the treatment of non-diarrheal affections characterized by abdominal pain, call for the maintenance of physiologic rest through remedies directed to the pacification of peristalsis. It should be emphasized that purgation antagonizes recovery through spreading pathology and aids in making the diagnosis only through intensifying the symptoms and advancing the disease through the production of complications. Moreover while drug cathartics administered by mouth are most harmful, an enema is also a persuader of peristalsis (and therefore a cathartic) and should also be scrupulously avoided save in rare in-

stances just before operating or when it is certain that the advance of the pathology is completely arrested and resolution is well begun.

THE TRANS-HEPATIC GALL BLADDER.

By R. C. Bryan, M. D., Richmond, Va.



This illustration shows a condition which the writer has observed on several occasions in operations in the upper abdomen, which has not been fully described in the text-books and for which the name "Trans-hepatic Gall Bladder" has been selected. This island has been in our cases about the size of a 25-cent piece, is whitish, fibrous, glistening, rounded or ovoidal and apparently a congenital failure of development of this part of the liver surface. There is no associated pathologic lesion with this condition, nor have the cases in which we have observed this anomaly presented any other abnormal or unusual aberrant state. The one feature to which attention should be called is that it is not specific and has no clinical or pathologic significance.

A MEDLEY OF ERRORS.

By Robert S. Carroll, M. D., Medical Director
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Introduction.

Looking back on a quarter of a century of personal development in medical practice, the writer is impressed with the benefits which have come to him out of many of his mistakes. During the uncertain first months of practice, when each case presented some problem as yet unsolved in his experience, while self-consciousness and self-importance were ever assertive and the dubious confidence of his early patients was actively shared by himself, he was assailed with an almost unconquerable desire to protect his inability and immaturity by active concealment of all his realized mistakes. It was a fateful day in his life when, to him, an apparently grievous error in diagnosis, became public property and the realization was borne in upon him that the reality of his fallibility had never been doubted. Since that time he has been able to profit largely and frequently through his mistakes.

The case with which a physician may, in many of his cases, gloss over all evidences of imperfect work, has unfortunately, led many of our profession into habits which have been damaging to their professional work and weakening to their characters. I was closely associated in special practice for a number of years with a physician possessing many strong and attractive qualities, but who became absolutely panicky in the face of a known mistake, practicing self-deception to even a childish degree, and expending large amounts of energy ignoring and dodging the question. I have known him to precipitately leave the room at the mention of a certain case which had gone wrong. A man peculiarly fitted by nature to be a helpful family counsellor yet through this one weakness his professional character had become honey-combed. Of strong Christian faith he found himself unable to go the lengths reached by others and to wilfully and actively miscall facts and protect himself through gross deception. He was between the Scylla of the fear of violating his Christian conception of truth and the Charybdis of the terror of the discovery of his professional errors. Thus assailed, this poor man's character was gradually but certainly weakened until today he is a pathetic failure—a good man wrecked by cowardice. Truly the physician must be a man of highest moral courage. His nerve, every subject to unexpected demands, is quickly disintegrated when he begins slipping from

under those inevitable responsibilities which are inherent in his professional life. On the other hand, few occurrences in his life's work will so surely develop calm, certain, irrepressible strength as a frank honorable, unflinching facing of his mistakes, making each one a subject of special study; investigating and re-investigating its uncertain, puzzling elements, until accurate knowledge of formerly unrecognized conditions has been evolved. Possibly few customs have added more to the superb advancements in clinical medicine than that followed in our better hospitals of staff review of cases and independent reports from the various laboratories and specialists, putting a check upon the concealment of errors; even as it is one of the great misfortunes of the general practitioner, that too often his work is done alone, even without the superficial over-sight of counsel. He has no competent censor.

In reviewing my personal experiences, I would classify my errors as of the head and of the heart. Ignorance has naturally played a diminishing role, while errors of judgement have also lessened with the years. Of an optimistic temperament, hope has interfered with perfect work by blurring judgement, and over-confidence has played the villain's part even in the face of much religious straining for humility. Of the impulses, impatience has too frequently proved that haste spells waste. Impatience in the face of criticism or at the absence of ever desired gratifying evidences of abiding confidence, has been prone to produce an unworthy attitude of inattention. But more frequently the harm has existed in the tendency to show some form of damaging sympathy. Some patients have been badly treated through over-attention, while too often weak concessions have allowed hurtful privileges. The ignoring of some detail of investigation through false modesty; or that very human temptation to cross the line which separates professional from personal relations, and to respond in kind to the proffers of what we love to term "sympathetic understanding," have all been snares into which the ascendancy of the heart over the head has made damaging errors possible. Through the brief case sketches which follow, I wish to concretely illustrate these simple abstractions.

I failed to help Miss H—through plain medical ignorance. An intimate friend of the family, I had known her from childhood. This rather remarkable woman thrown upon her own resources

in youth had built up a successful business in a large city and in the face of many years of debilitating headaches had been able to retire at 45 with a competency. She had watched my progress through the years of my early training and general practice with a growing, and, as the results proved, ungrounded confidence. Very soon after I launched into special work, she entered the hospital giving me *carte blanche* to cure her. On admission, she was 48 years old, fairly well fleshed, rather sallow, skin dry, chronically constipated, urine low in specific gravity and wore a plus two correction for myopic astigmatism. She had always had some dysmenorrhea. For nearly five months, she pained and prayed, wept and waited. Her eyes were completely over-hauled by two good men, who finally agreed on $\frac{1}{4}$ dioptric change. The uterus was dilated to the limit, she was rest treated, massaged, sweated, colon flushed and lectured *ad finitum* on inadequate self-control, and on the nature of the hysterical manifestations which accompanied her excessively severe headaches, which persistently occurred once in ten days. She came with every confidence, she co-operated in an ideal way, and her life long friend was making every effort in his power to help her. Several good men had already failed. At the end of five months, she returned home, feeling that I considered her a hysteric which in my ignorance was the only explanation I could make for the failure of my persistent and industrious efforts. Since that time formal missives has been exchanged to prove that we bear no grudge. To-day I recognize her as belonging to that large class of sufferers from inadequate skin, kidney and liver elimination. Here was a woman who had spent 25 years of muscular misuse, denying her body the essential benefits of the oxidation of katabolic products through muscular activity. Daily elaborating toxins, which finally overcome hepatic metabolism, thus throwing an extra burden on the kidneys, which in the course of time proved insufficient, while her sedentary life gave the skin little chance to relieve the deeper organs. As a result, periodic meningeal irritations would drive her away from all duties for thirty to sixty hours two or three times a month. In those early days laboratory estimates of elimination were not accurately made and the urine of low specific gravity was interpreted as hysterical. To-day, after an accurate estimate of her deficient elimination, the great incinerating laboratory of her mus-

cular system would have been utilized through a weekly enlargement of physical exercise and work, and the five months which were so painfully wasted, would have proven sufficient to reduce her headaches to infrequent recurrences of known basis. She would have returned home robust, flushed with health, truly intelligent in the way she should live, and inspired with sufficient confidence in the benefits inherent in such living, to have persevered in those sacrifices of the artificial which it is necessary for many of us to make these days if we would dodge the damnations of civilization.

The mistake in Dr. J's case was one of too close adherence to text book authority. The Doctor was brought to the hospital by a brother practitioner, entering in a state of rather marked mental confusion, which during the day was graphically expressed by several involuntaries. The wife gave a history of two rather definite apoplectiform attacks six and eighteen months previously. These occurred at night and were followed by some hours of moderate confusion and some paralysis of the tongue. The Doctor thought they were epileptic and for professional reasons said nothing of them. For some weeks before his admission there had been a rather noticeable dragging of the right foot. Examination gave the classical reactions of general paralysis, based upon which an unfavorable prognosis was made and it was advised that he at once consult several leading men in the medical centers of the east. This was done and the diagnosis confirmed by four noted specialists at Johns Hopkins and in Philadelphia. The Doctor at this time was quite unreliable and showed definite ideational exaltation. Text book authority gave him from twelve to twenty-four months to live. The unfavorable prognosis was accentuated by the unanimity of opinion in the diagnosis. Upon the earnest request of the family he came to the Hospital. Treatment consisted of minimum doses of mercury, elimination of all possible stimulants and irritants of either drug or food origin, with the benefit of occupational treatment which kept the patient out of doors and interested many hours of the day, diverting circulation from the central nervous system and filling the muscle capillaries. The Doctor made steady improvement. At the end of nine months he was dismissed as an arrested case. At this time Dr. Dana published his first report on the Arrest of Four Cases of General Paralysis. To-day we know that this disease is not the neces-

sarily hopeless thing of former opinion. This patient has been able to return to the practice of medicine. Despite this he has been active in his condemnation of the treatment he received, feeling that his recovery is evidence that a damaging diagnosis has been made. This is an example of the error of a hopeless prognosis before death.

The mistake in Mr. J's case was one of judgement. A business man of 35, subject to periodic drinking bouts, he had suffered some 8 or 10 years previously a mild attack of delirium tremens. He had been drinking for some time and applied to the Bath Department on mid-night for a Turkish bath and expressed a wish to spend the night in the rest room. After his bath he asked for something to make him sleep and was given 30 grains of bromides and 15 grains of chloral. At this time he laughingly said that "things were crawling over the floor pretty lively, but he would be all right in the morning." He was given a couch in a dressing room and an attendant was ordered to sleep at his door. At 5:30 the next morning he asked to go to the toilet where the attendant left him. A few minutes later, he suddenly ran through the corridor and jumped down a flight of stairs in his efforts to escape some hallucinatory enemy. He sustained a fractured thigh and developed a most active case of delirium tremens. This patient had not formally entered the Hospital and had shown practically no evidences of delirium, still it was a grave error to permit him to remain except under the protection of a properly guarded room.

Mrs. C's case is rather similar. She was brought to the Hospital by her mother, who gave a history of some weeks of increasing insomnia, considerable depression, a growing sense of unworthiness, all of which the mother felt was the result of some domestic trouble and should quickly disappear under adequate rest. Being a family of wealth they desired the best possible accommodations for their daughter. During her examination the patient was quite normal and reasonable, spoke of her ideas as being entirely foolish, and expressed her belief that she could soon master them. The family was advised that she should be given special protection but objected to having her placed in a protected ward. In deference to their desire and in consideration of the large element of normal mentality which was present, she was assigned a front room without window guards. During the next few days there were several temporary out-breaks,

though nothing of a serious nature. One morning, however, just before day, she suddenly raised her window and leaped to the ground, 16 feet below, in an impulse to end her troubles. Another case of fractured thigh; another case in which the sterner judgement should have prevailed and the Hospital should not have accepted the patient except on the basis of unsentimental but wholesome, helpful protection of life and limb. In both the above cases, fortunately, gratifying mental and physical recoveries were made.

In the following two cases, the errors were also of judgement.

Miss M. was a neurasthenic of marked physical inadequacy, always frail, very emotional though of the repressed type, whose entire future was finally compromised by the administration of hypodermics of morphine, by a poorly prepared physician in his efforts to overcome her spells of alarming weakness, which he felt threatened her life. For a number of years this poor girl was given morphine daily by the family, without her knowing the drug she was using. Of course the habit had long since become fixed and a few hours without the drug would bring on the typical symptoms of morphine deprivation. She remained in the Hospital two months, the drug being promptly and successfully removed, and returned home quite free from any necessity or desire for morphine. As the months passed, however, she failed to gain in strength and remained a semi-invalid. Later, on account of some domestic necessity she was placed under some strain and rather quickly exhausted and was forced to her bed. The family means were limited but arrangements were made for another two months in the Hospital. While Miss M. had not returned to the use of drugs, she was far from well and quite inadequate in strength for normal living. These weeks of rest treatment caused her to fatten up and she was dismissed, apparently much better, but far from robust, still unschooled in resistance to fatigue, and certain to exhaust quickly as soon as any real demands were made upon her strength. Later, when this did occur, arrangements were made by which she was received for an indefinite length of Hospital life. Though the advantage of out of door occupation, followed by the regular hospital routine, she developed into productive, self-supporting woman, and is to-day living a useful, profitable life.

Mr. G. was a man of brilliant attainments, a college graduate who had received a number of medals for oratorical

ability and who had made a rather quick success in developing a large mercantile collecting agency: A heavy meat eater, a brain worker, muscularly indolent, he developed hay fever, which recurred with increasing severity each year. The commercial instinct was strong in his physician, who, for a consideration, gave him daily and increasing doses of morphine until his patient's neglect of business started an investigation which caused him to be referred for institutional treatment. Mr. G. responded rapidly and within three weeks his naturally brilliant mind was asserting itself in an apparently normal way and on the basis of a number of most urgent telegrams from his private secretary and letters from his wife he was dismissed at the end of less than one month's treatment—an absolutely inadequate time to restore any drug habitue to that nervous and moral stability which is their only hope. Within a year I was visited by Mr. G's attorney who stated that his client rather rapidly went to pieces again and was at that time under indictment for misappropriation of his customer's funds in amounts aggregating many thousand dollars. The attorney desired my services as an expert to obtain his client's release on the basis of mental incompetency. To-day Mr. G. is entering his second year of penitentiary life and perforce is devoting sufficient time to his cure to be, we trust, permanently restored.

Any advocacy of short time treatment of drug additions, can be explained only on a mercenary basis or a profound ignorance of the fundamental physical and character defects of these sufferers.

In the following two cases a certain impulsive impatience, very human but entirely unworthy, made tragedy possible.

Mrs. R. a well nourished Jewess, passing through the climacteris, became hysterical and depressed and was referred for treatment. Her mental vagaries had not been sufficiently strong to influence action and she was given a room in the open section of the Hospital and started on the rest treatment. The cause of her condition was assigned to the modification of internal secretions commonly occurring at the menopause. Her depression was rather marked and though she could be diverted and was at times able to externalize quite well, still the mental gloom was pronounced. Early one morning, she dressed, slipped out of the Hospital and returned to her home a few blocks distant. Later, the family physician, a man of ability and intelligence, phoned that he had seen her, that she did not

wish to return to the Hospital, and that her family preferred not to coerce her. Without inquiring my opinion, he stated that he had practically agreed with them and had arranged for her care at home. In my position as consultant I should have entered instant and active protest, based upon the axiom that all depressed cases are possible suicides," and the knowledge that climacteric disturbances are particularly prone to self damaging impulses. But an unworthy inhibition prevailed; the feeling that the intelligent family practitioner should have at least asked an opinion, piqued a youthful pride, while the fear that any effort to have the patient returned would be misconstrued as having a commercial basis, stayed the protest which should have been made. After Mrs. R. returned home she was under the care of a special nurse, who ate with the family. While at dinner about a week after the return, an unusual sound in the patient's room upstairs attracted attention. The son went at once to investigate and finding the door locked and receiving no response when he called, forced an entrance in time to see his mother leap through the front window. She was picked up dying. It was found that she had drunk an ounce of carboic acid and when she heard her son at the door fearing that this would not be successful had completed her impulsive attempt by this desperate leap to death.

Miss C. was a young woman of independent means and some physical attractions. She "got in" with a fast set, and wine and high balls and headaches, with lobster and *pate de foies gras*, brought on nervous instability of an emotional, toxic basis, with marked insomnia; for this she took increasingly large doses of chloral in the form of Somnos and later, morphine. When she entered the Hospital she recognized her need for thorough and prolonged treatment and signified her willingness to remain the prescriber six months. She was accompanied from her home by a very intimate personal friend, a physician some fifteen years her senior, who manifested a marked fatherly devotion and expressed profound solicitude for her welfare. Confidentially he went into many of the details of her life and quite graphically out-lined the mess she was making of it. Realizing the changeable moods so common in neurotic sufferers, a legal commitment was requested, for which the doctor friend applied before the court. He left her in the Hospital with every assurance of his confidence, co-operation and gratification,

that she would now have a chance for recovery. At the end of two months Miss C. had made very satisfactory progress, was sleeping normally, had entered upon the gradually to-be-increased out-of-door exercise, and appeared quite charming in her restored color and rounded figure. At this time the embargo on her correspondence was removed; this was followed by a prompt reappearance of the doctor. He applied for the privilege of her society on professional grounds. An afternoon drive was planned through the Biltmore Estate. They were to return at six o'clock. Two hours later, the Doctor came alone, stating that Miss C. felt she had derived all needed benefit from hospital life, and, that while he knew she would still be helped by remaining, she had appealed to his sympathy and he came to ask her dismissal in his charge. Miss C. was not well, she was far from stable, and she was then legally committed for a sufficient length of time to have assured her a very reasonable chance to secure permanent benefits. The authority was vested in the Hospital to detain her the additional months which would have given her this deserved chance. This request to discontinue treatment coming from the one who posed as her protector and counsellor, a physician who should have been the last to encourage her in any reckless impulse, caused me to act impatiently. Without making effort to show the Doctor the course which I felt his professional training and plain duty should have dictated, I asked him to sign a release, stating that he was removing the patient from the Hospital against the advice of the physician in charge and that he personally assumed responsibility for any damage which might result from this ill-advised discontinuance of treatment. This he signed before a Notary. Next morning they left town. The Doctor travelled for some weeks with his patient, then he sent a rather frantic note, stating that he feared Miss C. was losing her mind. This was soon followed by a news report of her suicide. In this case the moral element, of course played a profound part. Every possible protection should have been afforded Miss C. to have prevented her leaving the Hospital at the time and in the manner she did.

Realization of the damage of false sympathy in the form of hurtful privileges and weak concessions should be borne in strongly upon all physicians. How far reaching this weakness may be is illustrated by the following cases.

Mr. W. M. had been very hard working

successful New York broker, a man of remarkably fine physique and splendid bearing, who at 52 found himself wrestling with fears he could not down and realized that he was rapidly surrendering to the grip of delusions. He entered the Hospital to secure, through a number of months out of door muscular life, the salvation from the impending melancholia, which his New York physicians felt he could not obtain through ordinary rest or medication. Mrs. W. M. was emotional and very sympathetic and her reiterated request was that her husband be given all possible amusement and distraction, it seeming impossible for her to recognize that his capacity for amusement was gone for the time being. Mr. W. M. began to gain in physical strength and appetite though his depression remained rather profound. His special attendant was instructed to exercise every reasonable surveillance over his patient. While in deference to the desires of the family, Mr. W. M. was permitted frequent trips to the theatre and allowed many walks through the City, instead of those usually prescribed in the Park and country. Therefore it was easily possible for him to carry out the impulse which so nearly cost his life. About a month after admission, he, with another patient, with whom he had formed quite a friendship, and his attendant, were starting for the theatre. At this time automobiles were not common and as a large touring car with its brilliant lights came down the street, the three stopped to watch it speed by. When it was within a few yards of the party, without a warning word or act Mr. W. M. hurled himself directly in its path. The chauffeur made an instinctive effort to avoid the body and succeeded in so swerving the car that but two wheels passed over the prone form at the waist line. The poor man was returned to the Hospital at once. Examination revealed complete paralysis of one and partial paralysis of the other leg. Loss of bladder and bowel control rapidly developed. Hemorrhage into the cord was diagnosed. The bladder and bowel symptoms cleared up in a few days, and as the weeks passed and all possible means were employed to maintain muscular nutrition, slowly the power of motion returned and a very satisfactory recovery resulted, proving that the hemorrhage had not been into the substance of the cord but into the membranes. The family held the Hospital responsible for this damage and for some time threatened suit. We were responsible, in so far as, in our desire to carry out the repeatedly

expressed wishes of a devoted and sympathetic family, we allowed the patient any opportunity for self damage through the sudden mastery of the impulse of self destruction which is so common in climacteric cases.

Mrs. G. was a woman of excellent education and some literary attainments, whose chief misfortune was her belief that she had only sufficient strength to live a quiet, artistic life. From this idea she developed a very distinct and incapacitating neurasthenia. Her exhaustibility reached such a point that she found herself unable to comfortable carry out even her ideas of normal living. She was 38 years of age and fairly well nourished and with a few hours daily devotion to things physical could have lived a life of unusual all round efficiency. But the idea of aristocratic and artistic weakness had long possessed her. In order that she might have proper mental readjustment as well as some nutritional modification she was given eight weeks of isolation and psychotherapeutic re-education. During her second week up, while her hours out were few, a telegram came from her husband asking to spend his 50th birthday with her and planning to arrive next day. He requested as a special privilege that Mrs. G. be allowed to remain with him at the hotel during the visit. Mrs. G. had proved herself quite intelligent in her treatment, and, while this break in routine and regime was not considered wise, it was permitted. Unfortunately, she was not given special instruction as to her diet. For nearly ten weeks she had been on the very simplest foods and while she had taken these in increasing quantities, still the demands on her digestion had been such as a child would have responded to. She had three meals at the hotel and unwisely ate considerable solid food, including nuts, salad, and some rather rich meat. She returned to the Hospital on a Friday afternoon much pleased with her outing. At bedtime she reported that her bowels had not acted that day and was given cascara. Saturday she walked several miles and worked an hour or two out of doors, but her bowels continued uncomfortable. She was given an ounce of castor oil which produced several movements. That night, however, her abdomen was tender and the feeling was strong that her bowels still needed help. Next morning she had temperature and distinct pain over McBurney's point. Appendicitis was diagnosed, a surgeon called and immediate operation advised. There was some delay in communication with her husband.

That afternoon when the abdomen was opened, perforation was found. In spite of every surgical help and refinement she died three days later of peritonitis. Sentiment and over confidence in an intelligent patient's common sense made possible the untimely ending of a valuable life.

Mr. R.'s case went wrong through damaging sympathy as expressed in over attention. He had led a quiet, moderately successful life until in the middle forties his townsmen elected him mayor. During his term of office some rather far-reaching municipal activities were undertaken and Mr. R. threw himself into his work with commendable conscientiousness and earnestness. He was of that increasingly common type of successful men who try to divorce the mind from the body, to separate cause from effect and think to put to naught the Lord's injunction to Adam when he was expelled from the garden. For many years no honest muscular toil had dampened his gentlemanly brow and the toxins of inactively accumulated. After the "nerve straining" months of his mayoralty the feeling grew upon him that he was over worked, was exhausted and must have rest. One or two trips to the sea-shore did not help and the idea that he was a sick man increased until he was possessed. The whole invalidizing troop of neurasthenic symptoms dominated his thought life. Sleepless nights, and days spent in anticipating other sleepless nights, irritability, rapid mental exhaustion, reaching the point of fear of all productive effort, self centeredness, general dejection, with a desire to avoid all society where any demands could be made upon him, rapidly reduced this fine man to helplessness. When he entered the Hospital, the modern conception of neurasthenia had not been evolved so each symptom called for special consideration and treatment. Consequently this poor man was nursed with splendid attention to detail; his numerous night calls were promptly answered, and an artificial night's rest secured every third night by hypnotics. He ran the whole gamut of depressed and perverted sensations all of which were earnestly and seriously treated. Every possible protection was thrown about him to conserve his strength, so for three months most elaborate pseudo-scientific contributions were made to his growing invalidism. The only progress noticeable was his increasing dependence on his physician, with a hopelessness many degrees more profound than when he entered. He had been given every known care with practically no help but aid to the flight of

drifted from hospital to sanitarium, from cian advised a change of altitude. Mr. R. days through the distractions of so called treatment. In his helplessness the physiohealth resort to specialist. In the course of two years, without knowing exactly why, he began to improve and today is able to live a moderate business life, always however with certain limitations because of his fear of relapse. Such was the treatment offered the neurasthenic a decade ago. To-day Mr. R. would have been rapidly aroused from his lethargy of despair and routed from his self-indulgence and contributory indolence by active muscular work and under the strict regime of training camp methods, with purin free food, nerve toning hydrotherapy and rational psychic influences, he would in four or five months have been raised to a degree of resiliency and toughness which he had never known, and if a genuinely honest patient would have today been living an aggressive productive sensation ignoring life. Under modern care, not a part, but the whole man is considered and trained to a masterful standard of thinking, feeling and doing.

Mrs. T. F. was a very well developed woman of thirty, the wife of a prominent minister and the mother of two children. She entered the Hospital with a laughing but earnest protest that her need of treatment was a joke, that with a short rest she would pull herself together without special help. Her chief symptoms were emotional instability and rather vague head and back pains. She was subject to crying spells on little provocation and was troubled with periodic sensations of extreme weakness. She was a woman of excellent education, refinement and was peculiarly artistic and attractive. She good naturedly entered into her treatment with every apparent evidence of full co-operation. She felt a normal eagerness to return to her family at an early date. The urine showed some indican and on the basis of her exhaustibility and emotional instability, a diagnosis of hystero-neurasthenic of a toxic basis was made. The weeks of rest treatment were shortened as she seemed to fully comprehend the psychic basis of normal living and apparently did not need the psychologic instruction so necessary in re-educating the average nervous patient. We expected her to pull up very rapidly when she began the out of door work. Weeks passed, however, with not apparent improvement, in fact, she was obviously more unstable at times. Her treatment was originally planned to cover three months. At the end of four months no true progress had been made. Mrs. T. F. was of a very religious nature, sensitive and delicately modest in all her rela-

tions. Lack of response to treatment made it clear that the admission diagnosis was wrong. More careful investigation disclosed the probability of a concealed psychic element. The patient was taken into our confidence and the failure of the weeks of effort frankly stated and the acknowledgement made that we had been on the wrong track, and our belief expressed that there was some hidden element which must be brought to light. With apparent naivete she expressed a willingness to co-operate in any investigation we felt necessary to make. We had not gone far, however, in the psychic analysis when we encountered active resistance and it required many hours of most patient and ingenious thought associations to develop the hidden hurt. Finally when light had been thrown into every corner of this suffering nature, it was found that she had never known normal sexual life, but had periodically produced local stimulation by contact with the corner of the dresser while she was ostensibly combing her hair. The development of this habit had been accomplished by a deception of the conscious mind through a series of adroit mental substitutions through which this act was so associated with certain religious thoughts and performed in such an apparently inconsequential way that this poor woman had succeeded in deluding herself that she had done nothing immoral. The unrelenting though unrecognized prick of an offended soul was her sickness. After the final analysis, a plain, matter of fact interpretation of the whole psycho-physical complexity was outlined and she saw the structure of her elaborate self-deception melt away. At once a transformation was wrought and when childish inhibitions of a religious nature had been properly adjusted, the cure was effected. All of this should have been done in the early weeks and the waste of months avoided.

Conclusion.

Our errors should stand boldly forth along our path of lift as guide boards pointing the way from failure; guide boards which we manfully face and read aright; guide boards directing us up the steep path which leads from ignorance to knowledge; pointing away from the easy load of over-confidence and the hazy path of judgements blurred by hope or irritation; guide boards directing us from the meads and fens of damaging sympathy, over attention, weak concessions, false modesty; guide boards relentlessly blocking the way to the valley of undue familiarity and unprofessionalism. He who faces his mistakes becomes stronger; he who shuns them but multiplies his confusion.

Charlotte Medical Journal

Published Monthly.

EDWARD C. REGISTER, M. D., EDITOR

CHARLOTTE, N. C.

OXYGEN IN HEALTH, DISEASE AND IMMUNITY.

Ponce De Leon made himself immortal through his fruitless search for the fountain of youth. A myriad of searchers for the sources of health and disease have passed into oblivion, yet it is probable that a knowledge of the primary causes of health and of disease is as near as we will ever get to the fountain of youth.

While there must be many factors operating in the production of disease and premature decline, those involved in the production of infectious diseases are commonly grouped and differentiated under the plastic titles of seed, soil and climate. It is well known that these material elements may be modified in all sorts of ways, and that each modification is accompanied by a change in their inter-relationship. The various modifications of the palpable elements and the consequent change in their relationship toward each other, determine the conditions known as health, disease and immunity.

The seed, the soil and the climate with their modifications and changes in relationship have received an enormous amount of study and seem to be pretty well understood; but back of these palpable elements, also their changes and relationships, lie the obscure and impalpable forces and influences that not only modify the character and inter-relationship of tangible things, but create and sustain all that we may see and feel. It is in these obscure and impalpable forces and influences that the **primary** cause of disease, like the cause of health and immunity, must be sought. This is Platonic and is also in accord with the declaration of Professor James when he says: the real facts and forces in nature are those not seen. The forces that direct and control the things that we see and feel may be beyond our comprehension; their consideration may direct our thoughts toward the infinite, but the end results as manifested in health and disease are subjects of easy demonstration. Science recognises the occult but does not embrace it, for the unknown becomes the known just as rapidly as the sciences are advanced.

To know the cause of disease is, also, to know the cause of health and immunity. These names, it must be remembered, are but convenient descriptive

terms that indicate the condition of the soil. In studying these conditions the soil must be kept foremost in mind, for it is the fixed point. As a study the various conditions are inseparable since they are but different manifestations of the same substance. Living tissue is the substance, the soil and the basis for all physiological and pathological manifestations. A knowledge of the soil necessitates a knowledge of its variations. Health and immunity prevail until the soil is impoverished—as evidenced in lowered vitality, which is admittedly the preliminary of recognizable pathological states. To know the cause of impoverished soil and lowered vitality, is to perceive the forces and influences that alter the character of the palpable elements and change their relationship toward each other. Bearing in mind that oxygen constitutes seventy-two per cent. of the human soil, it is perfectly rational to suppose that any thing that interferes with the oxidizing processes of the body must impoverish this body and prepare it for all sorts of morbid manifestations. Stress has been laid upon autointoxication and imperfect elimination as early features of a definite pathology, but it is highly probable that **defective oxidation is the morbid factor back of these ill-defined conditions.** There is considerable evidence pointing in this direction and if the suboxidation theory should prove a fact, the forces and influences that disturb the harmonious relationship of seed, soil and climate and invite disease, will be found, not in the occult, as some would have us believe, but rather in those modes of living and thinking that interfere with the respiratory processes.

With our present extensive knowledge of the palpable elements of health and disease, it would seem like reverting from the complex to the simple if it should be determined that disordered secretions, autointoxication, malnutrition etc., are but the outcome of a disturbance in the processes of tissue oxidation. In the end it would seem not a little strange if the fountain of youth is located in the things that produce robust health, and health and disease are proven to be but matters of perfect or imperfect oxygenation. Baume has given the name, Oxygenesis, to any disease due to an alteration of the normal quantity of oxygen in the blood. This alteration may yet prove of the highest importance in the study of etiology. But it is to be remembered, of course, that perfect oxidation demands both favorable conditions and proper material; thus diet and environment are component parts of the subject of health, disease and immunity.

NEGLECTED STANDARDS.

A widely circulated lay contemporary laments the neglect into which the literary standards are falling. According to this Jeremiah, the great works of the thinkers of the past are utilized only for their decorative value and as gift books! There are actually persons who prefer the motion picture magazine to Ruskin or Emerson, Dickens or Hawthorne.

There isn't a doubt of this. There are also those who prefer ragtime to Wagner, the foxtrot to the minuet, and who remove the Sonata Pathétique from the victrola to put on "Bake dat chicken pie." Cultured Greece is fighting its people to substitute pure Attic for the modern Romaic—and the people are ahead at last accounts. Slang prevails far more extensively than Addisonese; beer is drank in floods to which the output of champagne would not make the proverbial drop in the bucket. Cotton bears a like ratio to Silk. The small number of the truly good that are to be saved is Scriptural. The weeds outnumber the flowers—the number of apt similes is beyond computation.

This age is not different from any preceding. The great Latin writers established the standards of that language, but they did not endure, and Terence and Lucian wrote in a very different tongue from Horace and Cicero. In the Battle of the Books, Dryden enters his protests against the degenerates who actually prefer the moderns to the Augustan classics. Some acute observer said there never was a time, when some lamenter was not pointing to the preceding generation of actors, as examples whose fine work was forgotten in present-day degeneration.

Go still further back, and what were the tales of Adam and Eve, Cain and Abel, but the protests of conservatism against the innovations, the one of putting on clothes, the other of cultivating the soil?

What is universal, with all races of men, in all ages, is human nature. It is a phenomenon to be studied rather than a fault to be condemned. It signifies a revolt against authority, a declaration of individual right to form its own standards, determine its own likes, follow its own preferences, live its own life. The Athenian who ostracized Aristides because he tired of hearing him termed 'the just,' as if there were no other honest man in Attica, was right. During our school days we have Milton and Shakspeare, Longfellow and Dickens, driven into us until we turn in relief to the 'penny dreadfuls.' A prolonged course of

'Rollo' is quite enough to turn any real boy to Jesse James, with hungry appreciation. An excess of adjuration against drink, gambling, late hours, women, or any sort of dissipation that Age has learned to condemn, is sure to arouse in Youth the desire to prove for itself the truth or falsity of the admonition.

The dispenser of wise advice might with benefit take counsel with himself, as to the real effect of his discourse upon the recipient. He would surely find that the satisfaction of hearing himself talk was the principal benefit accruing; and that the influence on the other party was apt to be exactly the contrary to what was intended. An instance—we were brought up in the tenet that to handle, taste or so much as smell alcoholic drink was tolerably sure to land us in a drunkard's grave—and by the time we reached the age of twelve years we were carefully making lists of all the varieties of wines we read of, that when we grew to manhood we should not miss any! The lure of the Forbidden was powerful, and endured until freedom brought the opportunity to indulge in these perilous delights, when curiosity was quickly satisfied and the charm was lost. Yet we do not feel ourselves differing in any essential from other men.

We live in the Present. We are concerned in the things of Today. We care more for the threatened Teutonic hegemony of the world, than for that of Rome or Sparta; more for our supply of dyestuffs and the sale of our cotton, than for the loves of Jove and Alcmene. The ambition of Rockefeller worries us more than that of Charles V. The quotations of the wheat pit and the stock market absorb more interest than any from Descartes or Spinoza. Living our own lives, feeding our own folks, finding glad rags for our womenfolk, keep us too busy to allow much time for raking over the muck of past ages. He who sees degeneracy in these tendencies ought to brush the cobwebs out of his brains, and wake up to the fact that we are now making the history over which pupils of days to come may pore.

"Act. Act in the living Present."

SEX KNOWLEDGE.

I am a strong believer in knowledge on all topics as far as we have time to learn it, and it will be of practical value to the one studying it. A physician should be well versed on sexual topics as this is one of the medical branches that is essential in successful practice.

The ordinary literature now discussing sex questions that is appearing from various writers is worthless. Most of such literature is written to sell, i. e., written and published for commercial purposes. Some writers on this subject are authors of from five to ten or more books which is like some of the writers on business success, salesmanship, how to get rich, etc. W. W. Atkinson, O. S. Marden and others have written from five to twenty-five books on various phases of mental science, hypnotism, suggestion, etc, most of which is repetition and contains nothing new. Too, most of these books are unscientific, making mental healing capable of healing all diseases and condemning medicine, physicians, etc.

I consider the ordinary sex books in the same scale and about as useless. No intelligent person has time to lose in reading such a grade of literature. If one desires to study the sex question, by all means study the standard authorities—A. H. Ellis, B. S. Tolmcy, J. R. Parke, A. Moll, E. H. Kisch, and other standard authorities of equal note who know what they are writing about. It is a waste of time to read and a loss of money to purchase some of the so-called popular books on the sex question, as the writers of most such books need instruction instead of trying to impart it.

J. A. B.

Editorial News Items.

Drs. John E. Ray, Raleigh, N. C., H. B. Hiatt, High Point, N. C., and John W. McConnell, Davidson, N. C., have recently qualified and been commissioned as Lieutenants, North Carolina National Guard, and assigned by General Young to staff duty with the State military organization. Each are fitting representatives of North Carolina's best young medical men.

Dr. Cyrus Thompson—Much sentiment exists among members of the Republican party in North Carolina for the nomination for Governor by that party of Dr. Cyrus Thompson, Onslow County. Dr. Thompson was elected a member of the North Carolina State Board of Health by the State Medical Society in 1913, and is regarded as one of the most powerful orators in the medical profession of the South. He has had much political experience, having served a term of four years as Secretary of State during the incumbency of the late Gov. D. L. Russell. Thoroughly posted in political affairs of State and nation, well educated, a polish-

ed speaker, unusually gifted with ready wit and quick repartee, Dr. Thompson will, if the Republican banner should be placed in his hands, make a very interesting campaign.

The Martin Medical Society held its regular annual meeting in Williamston on December 20, 1915, and had a most instructive meeting. Several papers were read and cases reported and discussed by a large number present. The next meeting will be held in Williamston on April 3, 1916. The following officers were elected for the ensuing year:

President—Dr. R. M. Buie, Williamston, R. F. D.

Vice-President—Dr. J. E. Smithwick, Jamesville.

Secretary-Treasurer—Dr. Wm. E. Warren, Williamston.

Delegates to North Carolina Medical Society—Dr. J. B. H. Knight, Williamston.

Alternate to North Carolina Medical Society—Dr. Wm. E. Warren, Williamston.

Dr. W. S. Gregory, of Elizabeth City, N. C., had his leg broken just below the knee on January 16th besides receiving several bruises and scratches about the face and body. He was struck by an automobile driven by Johnnie Sherlock, a young chauffeur of that city. We are glad to learn that Dr. Gregory's condition is as good as could be expected under the circumstances.

A Beautiful Brochure—We have just received a beautiful brochure from F. H. Strong Company entitled, "The Gall Stone Question." Of course it is small, dealing purely with the subject of Gall Stones. A physician can read it in ten minutes and he will be interested. The publishers, F. H. Strong Company, 56 Warren Street, New York, state that they propose to mail a copy of this brochure to every physician in this section of the country. It will be profitable to those who read it.

Dr. Wm. B. Snow, editor of the American Journal of Electrotherapeutics and Radiology, has acquired the ownership and management of the Journal of Advanced Therapeutics from Mr. Chatterton. Dr. Snow has been so long interested in medical journal work and has been so successful that we predict with certainty that the management of the Journal of Advanced Therapeutics under his editorial control will be a great success.

The House of Saunders—We received a few days ago a copy of the Evening Telegraph of Philadelphia. It gave a description of the great medical publishing house of W. B. Saunders Company. The editor of this Journal read it with much pleasure. This Philadelphia paper shows what intelligence, knowledge and energy can do in a great publishing enterprise like that of Saunders Company. It seems such a short time since this house began the publication of medical books. When it was in its infantile stage, when it was afraid to venture further than the publication of compends on physiology and the practice of medicine, etc., for the benefit of students in medical colleges. In this short period of less than twenty-five years it has become the best medical publishing house in the world. It is certainly a remarkable circumstance in medical business.

The American Orthopedic Association announces the appointment of Dr. Mark H. Rogers, Boston, as editor of The American Journal of Orthopedic Surgery, the only periodical in the English language devoted to Orthopedics. This Journal, which has now completed 13 volumes as a quarterly publication, will henceforth be issued monthly, the first number in the new form being that of January, 1916.

The office of publication has been transferred from Philadelphia to Ernest Gregory, 126 Massachusetts Ave., Boston. The subscription price is \$4.00 per year.

Dr. E. R. Bradley, Highland Springs, Va., has been designated by the Virginia State Board of Health to fill the vacancy on the Henrico County, Va., Board of Health caused by the recent death of Dr. G. T. Collins.

Dr. Edwin Gladmon, Southern Pines, N. C., has taken the position in certain recent newspaper articles that in all probability the average secret lodge room, owing to the too common practice of spitting during the sessions, is a not uncommon source of possible tubercular infection.

Dr. Thos. Smith, Dillon County, S. C., has removed to Bennettsville, S. C., and will occupy the offices formerly used by the late Dr. Julius A. Faison of that city.

Dr. Theodore Maddox, Union, S. C., had an unpleasant experience in January,

being arrested on charge of manslaughter. It appears the doctor, while hurrying to another patient, was stopped to care for a lad of 15 years who had just been accidentally shot. First aid attention was given, and two hours later Dr. Maddox returned and amputated the boy's leg. The patient dying soon after operation, the infuriated father had the physician arrested. The coroner's jury, immediately held, returned a verdict of "death by misfortune accidentally." Dr. Maddox was promptly released after arrest, and his statement that he amputated as soon as the patient had recovered from the initial shock was promptly accepted as satisfactory by the community.

The York County, S. C., Medical Association elected for 1916 the following officers:

President—Dr. J. D. Dowell, York, S. C.

Censor—Dr. J. J. Glenn, York, S. C.

Dr. Stuart McGuire, Richmond, Va., has been appointed a First Lieutenant Medical Reserve Corps, U. S. A.

Dr. E. C. Levy, City Health Officer, Richmond, Va., in his recent annual report, asks for an increased appropriation for the work of his department in 1916, the amounts needed for the continued increased activities of the health department being placed at \$75,000.00 for the year.

Dr. J. H. Taylor, Columbia, S. C., entertained the Columbia Medical Society at his residence on the evening of January 10, 1916.

The Virginia State Board of Health at a recent session held in Richmond adopted a resolution requesting the Federal Government to assume control of the leper problem in the nation by providing for the construction of a national leprosarium, and special study being given to leprosy coincident with the taking under national control and custody all lepers in the various States. This is supposed to result in part from the finding a leper in Richmond recently who is still in the custody of the local health authorities.

Dr. E. A. Hines, Anderson, S. C., has resigned as Superintendent of the County Hospital, effective January 1, 1916.

Dr. Wm. DeB. MacNider, Professor of Pharmacology, University of North Carolina, Chapel Hill, has been awarded \$250.00 by the Rockefeller Institute to enable him to farther prosecute certain research work in pharmacology undertaken by him some time since, and on which a partial report was made in a recent paper before the Am. Phar. Society in Boston, summarizing his work during the past year.

The Recent Session of the Virginia State Board of Medical Examiners resulted in the following physicians being licensed to practice in Virginia:

C. L. Bailey, Sutherland, Va.; George C. Beach, Hampton, Va.; Baxter Israel Bell, Swan-Quarter, N. C.; James G. Boisseau, Richmond, Va.; Roscoe W. H. Buckner, Charlottesville, Va.; Edward A. Brown 2nd, Norfolk, Va.; Fitzhugh L. Brown, Duthville, Va.; Carolyn A. Clark, Marion, Va.; A. W. Deans, Battleboro, N. C.; Daniel A. Dees, Greensboro, N. C.; John De B. Dickinson, Cobham, Va.; P. E. Duggins, University, Va.; R. McRae Echols, Bristol, Va. Tenn.; C. A. Folks, Roanoke, Va.; John Brooks Foster, Ocean View, Va.; John A. Gentry, Richmond, Va.; E. L. B. Goodwin, Highland Springs, Va.; James Matthew Hayes, Union Level, Va.; Isaac B. Hunt, Washington; W. G. Hunter, Augusta, Ga.; C. H. Iden, Richmond, Va.; Bernard L. Jarman, Charlottesville, Va.; Frank E. Johnston, Moore, Pa.; U. G. Jones, Coal Creek, Tenn.; Ulysses S. Grant Jones, Charleston, W. Va.; Albert E. Leggett, Newport News, Va.; D. L. P. Kites, Grottoes, Va.; James E. Marshall, Ashburn, Va.; J. D. Martin, New Orleans, La.; Carl H. McFarlane, Lebanon, Va.; L. P. Milligan, Washington; J. L. Moorefield, Hillsboro, N. C.; John Luther Nall, Spout Springs, Va.; Edwin H. Norton, Petersburg, Va.; Annaigros Peppas, City Point Va.; John E. Porter, Richmond, Va.; M. S. Read, Franklin, Va.; Frank P. Richter, Richmond, Va.; Charles B. Rohr, Timberville, Va.; John H. Robinson, Hampton, Va.; Roy P. Sandidge, Petersburg, Va.; Lea B. Sartin, Raven, Va.; Samuel Saunders, Jr., Jordan Mines, Va.; Charles J. Sawyer, Windsor, N. C.; Joseph R. Spencer, South Mills, N. C.; Silas S. Thompson, Washington; Waverly S. Tucker, New Glasgow, Va.; John D. Williams, Manassas, Va., and Berton O. Wire, Richmond, Va.

Dr. Wm. A. White, Washington, D. C., Superintendent Government Hospital for Insane, was the chief speaker at the meeting of the North Carolina State Mental

Hygiene Society in Raleigh, N. C., January 29.

The Brenizer Sanatorium (the private hospital of Dr. A. G. Brenizer) was formally opened at Charlotte, N. C., January 12. A large number of the profession and citizens were present and inspected the well appointed rooms which are 23 in number and admirably arranged for the purpose of its owner, that of a general surgical sanatorium.

The North Carolina State Board of Health through its Laboratory of Hygiene at Raleigh, N. C., announces having now in stock for general distribution to the profession as needed small-pox vaccine made in the plant of the laboratory at Raleigh by the Noguchi method and free of bacterial contamination. Having some time since deliberately abandoned quarantine in small-pox cases the Board takes the position that providing the preventive remedy is the duty of the State, and is far more certain, cheaper and desirable in every way.

Dr. J. M. Northington, Boardman, N. C., was tendered a complimentary banquet by his associates January 23 preparatory to his departure for Minneapolis, Minn., where he goes to accept a position as Teaching Fellow in the University of Minnesota. Dr. Northington will do research work under the scope of the Mayo Foundation of the University.

Forsyth County, N. C., is planning a county tuberculosis sanitarium to accommodate 35 patients and be under the supervision of the county health officer and a trained tuberculosis nurse. New Hanover County, thanks to the admirable work of a most efficient health officer, Dr. Charles T. Nesbit, has had a similar institution in active operation for several years past, and the results have been highly encouraging.

Physicians in Business Affairs.—The average North Carolina doctor in active practice in the average small city or town of the State (and the State has many small towns, but not a single large city) is unquestionably a man of general affairs, and perhaps in no State does the general practitioner participate to a greater degree in the general doings of community life than in North Carolina. During the month of January just passed, more than two dozen local practitioners of the State were elected directors of banks.

Dr. Robert R. Sellers, Rutherfordton, N. C., has removed to Harriman, Tenn., where he will engage in the medical service of the C. C. & O. Railway.

Dr. and Mrs. Colbert L. Robbins, Lenoir, N. C., have returned home from their bridal trip spent in Florida and Cuba, and the doctor has resumed his practice.

The Lenoir County Medical Society elected the following officers:

President—Dr. W. F. Hargrave, Kinston, N. C.

Vice-President—Dr. Ira M. Hardy, Kinston, N. C.

Secretary-Treasurer—Dr. Z. V. Moseley, Kinston, N. C.

Resolutions appreciative of the efforts of the various women's clubs in promoting public health were also adopted at the January meeting, and the movement for a nation-wide "baby week" commended by this progressive society.

Dr. B. Thomas Person who died in Fremont, N. C., January 2, 1915, was said to have never fully recovered from injuries sustained in a railway accident in 1914. His service to the people and profession when a member of the State Legislature is kindly recalled.

Dr. S. Westray Battle, U. S. N. (Retired), Asheville, N. C., is doing splendid work as Chairman of the North Carolina Relief Commission. The Doctor has recently returned from the European battle fields, and possessed of first hand knowledge of the distressing conditions existing, has been able to present the claims of this worthy cause with much success. Contributions sent to him at Asheville, will be acknowledged and promptly forwarded.

Smallpox in Catawba County—The County Commissioners of Catawba County, N. C., are reported in the daily press as "having passed resolutions barring all persons having had smallpox or having been in contact with a case of the disease, from appearing on the public highways within six weeks after such disease or contact." This it is stated, is in order "to protect the schools of the county and prevent the further spread of the dread disorder which has been so prevalent in the county." A fine of \$50.00 with 30 days imprisonment is the penalty ordered imposed.

Dr. R. L. Carr, Rose Hill, Duplin County, N. C., was operated on for ap-

pendicitis in St. Luke's Hospital, Richmond, Va., January 12 and is reported convalescent. Dr. Carr has represented the people of his district during the past two sessions of the N. C. Legislature, and his work is appreciated by the profession in behalf of progressive measures.

Dr. Wm. H. Bucher, a prominent physician of Norfolk, Va., died on January 24th at his home in that city. He was eighty-two years old and for the last forty or fifty years had practiced medicine in Norfolk.

Dr. Frederick Lawford, of Berkley, Va., died January 24th. He was thirty-nine years old and was one of the best known physicians in that city. Dr. Lawford had been sick six weeks with pneumonia and subsequent complications. He graduated from the University of Virginia and later took a post-graduate course at Johns Hopkins. He settled in Berkley fourteen years ago, associating himself with the late Dr. F. M. Morgan. He secured his license to practice medicine from the Virginia Board of Medical Examiners in 1901. In 1903 he joined the State Medical Society and was a useful and active member of that organization and was also an honored and respected member of the Tri-State Medical Association.

Adjutant General Laurence Young on January 24th announced that Dr. Jno. Y. McConnell, of Davidson, N. C., and Dr. Jno. Ashe, of Charlotte, N. C., had passed the examination prescribed for officers in the medical corps of the North Carolina National Guard. They will have the rank of first lieutenants. Dr. McConnell will be assigned to duty under his commission. The commission of Dr. Ashe is conditioned upon the formation in Charlotte of a hospital corps detachment to be attached to the company of the Coast Artillery. The Corps, if formed, will consist of twelve men under the command of Dr. Ashe. The equipment needed, according to Adjutant General Young, is in Raleigh and ready to be issued.

The Elizabeth City County Medical Society met with Dr. Jno. W. Hope on January 24th. At this meeting the officers for the incoming year were elected. Prior to the election the Society disposed of considerable interesting business. The officers elected were:

President—Dr. J. Wilton Hope.

Vice-President—Dr. Harry D. Howe.

Secretary-Treasurer—Dr. Wm. E. Knewstep.

The next meeting of the Society will be with Dr. Knewstep on February 7th when he will read a paper on "Acute Colds."

Dr. J. A. Hartsell, of Concorrd, N. C., was married on January 26th to Miss Leah Miller, of Philadelphia. Dr. Hartsell was educated at Trinity College and subsequently studied medicine at the University of North Carolina. He received his degree of M. D. at the Jefferson Medical College in Philadelphia. Dr. Hartsell is a bright young professional gentleman and we predict for him a fine and successful future. We hope that he will be happy.

The Fifth District Medical Association of South Carolina met at Walterboro on January 22nd in its semi-annual meeting. A large attendance of physicians and surgeons from several counties were present and a very interesting program was offered. The visiting doctors were entertained at dinner at the Hotel Albert at the close of the exercises incident to their meeting. The following program was ably rendered, much of which was illustrated with lantern slides: "The Head of Cold," Dr. C. W. Pollock; "The Hookworm," Dr. F. M. Routh; "The X-Ray Diagnosis," Dr. A. Robert Taft; "Treatment of Inoperable Diseases," Dr. A. E. Baker.

Succeeding Dr. D. L. Maguire of Charleston as president and Dr. M. G. Elliott of Beaufort as vice-president, Dr. L. M. Stokes of Walterboro and Dr. J. B. Johnson of St. George were elected president and vice-president, respectively. Dr. J. S. Rhame was re-elected secretary and treasurer. St. George was chosen as the next place of meeting, and the meeting will take place in July.

PRELIMINARY PROGRAMME OF TRI-STATE MEDICAL SOCIETY OF THE CAROLINAS AND VIRGINIA.

Eighteenth Annual Session, Richmond, Va., February 16-17, 1916.

Officers: Session 1916.

President—Dr. James H. McIntosh, Columbia, S. C.

Vice-President—Dr. G. Augustus Neuffer, Abbeville, S. C.

Vice-President—Dr. Carl V. Reynolds, Asheville, N. C.

Vice-President—Dr. Beverley R. Tucker, Richmond, Va.

Secretary-Treasurer—Dr. Rolfe E. Hughes, Laurens, S. C.

EXECUTIVE COUNCIL.

One-Year Term:

Dr. John Dillard, Lynchburg, Va.
Dr. David A. Stanton, High Point, N. C.
Dr. Archibald E. Baker, Charleston, S. C.

Two-Year Term:

Dr. Southgate Leigh, Norfolk, Va.
Dr. David T. Tayloe, Washington, N. C.
Dr. William W. Fennell, Rock Hill, S. C.

Three-Year Term:

Dr. James K. Corss, Newport News, Va.
Dr. Edward C. Register, Charlotte, N. C.

Dr. William B. Way, Ridgeville, S. C.
COMMITTEE ON INVITATION.

Virginia—Dr. Southgate Leigh, Norfolk, Va.

North Carolina—Dr. Wm. L. Dunn, Asheville, N. C.

South Carolina—Dr. A. M. Brailsford, Mullins, S. C.

LOCAL COMMITTEE OF ARRANGEMENTS.

Dr. J. Allison Hodges, Chairman, and Drs. J. A. White, A. M. Willis, B. H. Gray, C. R. Robins, R. C. Bryan, L. T. Price, J. G. Nelson, P. V. Anderson, Manfred Call, T. W. Murrell and W. F. Mercer.

CHAIRMEN OF SECTIONS.

Virginia.

Dr. W. E. McGuire, Medicine, Richmond, Va.

Dr. Samuel Lile, Surgery, Lynchburg, Va.

Dr. Stephen Harnsberger, Gynaecology, Catlett, Va.

Dr. Virginius W. Harrison, Obstetrics, Richmond, Va.

Dr. Clifton M. Miller, Eye, Ear, Nose and Throat, Richmond, Va.

North Carolina.

Dr. W. O. Nisbet, Medicine, Charlotte, N. C.

Dr. John T. Burrus, Surgery, High Point, N. C.

Dr. W. W. McKenzie, Gynaecology, Salisbury, N. C.

Dr. John Q. Myers, Obstetrics, Charlotte, N. C.

Dr. Jos. B. Green, Eye, Ear, Nose and Throat, Asheville, N. C.

South Carolina.

Dr. W. A. Boyd, Medicine, Columbia, S. C.

Dr. W. W. Fennell, Surgery, Rock Hill, S. C.

Dr. A. E. Baker, Gynaecology, Charleston, S. C.

Dr. William Egleston, Obstetrics, Hartsville, S. C.

Dr. E. R. Wilson, Eye, Ear, Nose and Throat, Sumter, S. C.

PROGRAMME.

Wednesday, February 16th, 1916, 10 a. m.

The Society will be called to order by Dr. J. Allison Hodges, Richmond, Va., Chairman Committee of Arrangements.

Place of Meeting: Jefferson Hotel Auditorium, Richmond, Va.

Invocation: Rev. John J. Wicker, Richmond, Va.

Address of Welcome: Hon. Henry C. Stuart, Governor of Virginia.

Address of Welcome on Behalf of the Profession: Dr. A. G. Brown, Jr., Richmond, Va.

Response: From North Carolina, Dr. J. Howell Way, Waynesville, N. C. From South Carolina, Dr. Chas. W. Kollock, Charleston, S. C.

Address of President: Dr. Jas. H. McIntosh, Columbia, S. C.

PAPERS.

Section A.

1. "The Present Status of the Treatment of Syphilis of the Nervous System." Dr. Beverley R. Tucker, Richmond, Va.

2. "The Rat, a Carrier of a Dysenteric Amoeba."—Dr. Kenneth M. Lynch, Charleston, S. C.

3. "The Manic-Depressive Type of Psychosis."—Dr. James K. Hall, Richmond, Va.

4. "The Possibility of Recovery of Motor Function in Chronic Hemiplegias, with Report of Cases."—Dr. J. Allison Hodges, Richmond, Va.

5. Dr. Thos. W. Jackson, Philadelphia, Pa. Subject Unannounced.

6. "The Management of Confusional States."—Dr. Tom A. Williams, Washington, D. C.

7. "The Association of Some Forms of Mental Diseases to Morphinism."—Dr. W. C. Ashworth, Greensboro, N. C.

8. "On the Relief of Dysmenorrhoea and Sterility by the Intra-Uterine Stem." Dr. H. A. Royster, Raleigh, N. C.

9. "Some Gynecological Operations Obstetrically Tested."—Dr. Virginius Harrison, Richmond, Va.

10. "Mysotis Ossificans."—Dr. William P. Matthews, Richmond, Va.

11. "Motion Picture Clinics of Proctology."—Dr. Thos. Chas. Martin, Washington, D. C.

12. "A Conservative Use of Galvanism in Gynecology."—Dr. J. H. Hiden, Pungoteague, Va.

Afternoon Session, 3 to 6 p. m.

Medical and Surgical Clinics.

The Association will adjourn to the Memorial Hospital where the local Profession of Richmond, under the direction of the President, will give a series of Medical and Surgical Clinics, the titles

of which will be printed upon a special card.

Night Session, 8 to 10 p. m.

13. "Impacted Teeth as a Cause of Tri-Facial Neuralgia."—Dr. Chas. S. White, Washington, D. C.

14. "The Relation of Tuberculosis of the Bronchial Glands to the Diagnosis and Treatment of Tuberculosis of the Lungs."—Dr. Mary Lapham, Highland, N. C.

15. "The Need for Gastric Analysis in Certain Heart Diseases."—Dr. Alex G. Brown, Jr., Richmond, Va.

16. "Treatment of Pellagra."—Dr. E. H. Bowling, Durham, N. C.

17. "Common Diseases of the Heart. (Lantern Slides)."—Dr. Jno. P. Munroe, Charlotte, N. C.

18. "The Treatment of Intestinal Stasis."—Dr. Fred M. Hodges, Richmond, Va.

19. "Get the Habit: It Puts the Pink of Health Upon the Cheek of Paler People."—Dr. Stephen Harnsberger, Catlett, Va.

20. "Indigestion."—Dr. Matt. O. Burke, Richmond, Va.

21. "The Use of the Duodenal Tube in Diagnosis and Treatment."—Dr. Frederick M. Hanes, Richmond, Va.

22. "The Free Dispensary as a Municipal Health Agency."—Dr. James H. Smith, Richmond, Va.

Section B.

1. "Factors in Gall Stone Recurrence: With Special Reference to Prevention of Calculus Formation."—Dr. Jno. A. C. Gerster, New York City.

2. "Observation on One Hundred and Thirty-Three Cases of Gall Bladder Surgery with Especial Reference to the Post Operative Treatment."—Dr. R. L. Rhodes, Roanoke, Va.

3. "Traumatic Rupture of the Spleen."—Dr. A. M. Willis, Richmond, Va.

Thursday, February 17, 9 a. m. to 2 p. m.

4. Dr. Jerome Lynch, New York, (invited guest). Subject unannounced.

5. Dr. G. T. Tyler, Jr., Greenville, S. C. Subject unannounced.

6. "Prostatic Obstruction."—Dr. A. J. Crowell, Charlotte, N. C.

7. "The Treatment of Infection of the Gall Bladder."—Dr. Charles R. Robins, Richmond, Va.

8. "A New Treatment for Internal Hemorrhoids."—Dr. E. H. Terrell, Richmond, Va.

9. "Conservative Treatment of Gun Shot Wounds of the Knee Joint."—Dr. D. T. Tayloe, Washington, N. C.

10. "Some Unusual G. U. Cases, with Lantern Slides."—Dr. Robt. C. Bryan, Richmond, Va.

11. "Some Remarks on Peri-Nephritic Abscess."—Dr. LeGrand Guerry, Columbia, S. C.

Afternoon Session, 3 to 7 p. m.

12. "Impressions Gleaned from a Clinical Observation of Cancer."—Dr. W. Lowndes Peple, Richmond, Va.

13. "Deaths from Hyperthyroidism, with a Report of Cases."—Dr. Stuart McGuire, Richmond, Va.

14. "Report of a Case of Suprapubic Eneucleation of Hypertrophied Middle Lobe of the Prostate."—Dr. C. O. Abernethy, Raleigh, N. C.

15. "Clinical Reports Illustrating Results in the Treatment of Adult Club Feet."—Dr. A. R. Shands, Washington, D. C.

16. "Final Results of Operations for Pelvic Disease in Women Displacements of the Uterus."—Dr. G. Paul LaRoque, Richmond, Va.

17. "Infantile Hernia."—Dr. J. F. Highsmith, Fayetteville, N. C.

18. "Report of a Series of Six Hundred X-Ray Examinations of the Urinary Tract."—Dr. Daniel D. Talley, Jr., Richmond, Va.

19. Dr. A. E. Baker, Charleston, S. C. Subject Unannounced.

20. "Five Cases of Broncho Esophagocopy with Removal of Foreign Bodies."—Dr. E. W. Carpenter, Greenville, S. C.

Night Session, 8 to 10 p. m.**Section C.**

1. "Toxaemia of Pregnancy."—Dr. B. H. Gray, Richmond, Va.

2. "Painless Child-Birth."—Dr. Eric A. Abernethy, Chapel Hill, N. C.

3. "The Toxaemia of Pregnancy with Associated Psychoses."—Dr. Jno. Q. Myers, Charlotte, N. C.

4. Dr. Arthur B. Clarke, Plantersville, S. C. Subject unannounced.

5. "Reflex Vesical Irritation."—Dr. Jno. N. Upshur, Richmond, Va.

6. "The Roentgen Diagnosis of Intestinal Adhesions."—Dr. A. Robert Taft, Charleston, S. C.

ENTERTAINMENT FOR LADIES:**Wednesday, February 16th.**

1. p. m.—Luncheon at the Country Club of Virginia, followed by an automobile drive.

8. p. m.—Theatre Party at The Lyric Theatre.

Thursday, February 17th.

4. p. m.—Reception at The Woman's Club.

10.30 p. m.—Reception, Supper and Dance at the Jefferson Hotel.

ENTERTAINMENT FOR MEMBERS**Wednesday, February 16th.**

10.30 p. m.—Reception by Dr. Stuart McGuire, 513 E. Grace St.

Thursday, February 17th.

10.30 p. m.—Reception, Supper and Dance at the Jefferson Hotel.

RAILROAD RATES.

The Associated Railways of Virginia and the Carolinas (comprising the Atlantic Coast Line, the Charleston and Western Carolina, the Norfolk and Southern, the Seaboard Air Line, and the Southern Railways) and the Chesapeake and Ohio, Norfolk and Western and the Virginia Railroads have promised to sell tickets at the rate of one and three-fifths fare plus twenty-five cents on the certificate plan—that is, members will pay full fare going, obtain certificate receipt from the ticket agents, which receipt when signed by the Secretary of the Society and countersigned by the special agent of the railroads will entitle the holder to purchase a return ticket for three-fifths fare plus twenty-five cents. Tickets to be countersigned provided there are 200 or more members who hold certificates, return portions of round-trip tickets or who produce satisfactory evidence that they traveled to the meeting on mileage tickets.

HOTEL RATES.

The Jefferson will be the headquarters of the Society. The rates at most of the hotels will be from \$1.00 per day and up. European plan.

EXHIBITS.

Ample space has been reserved for exhibits of Medical and Surgical Supplies, etc.

BOOK NOTICES.

The Case of American Drama. By Thomas H. Dickinson. Editor of "Chief Contemporary Dramatists." Boston and New York: Houghton Mifflin Company. 1915. Price \$1.50.

When Mr. Dickinson wrote "Chief Contemporary Dramatists" it was the reviewer's pleasure to read it. This new book of his, "The Case of American Drama" has been examined with both pleasure and profit. As editor of one of the most successful collections of plays that have been published for many years, Professor Dickinson is known to thousands of American readers. In this volume he discusses the present tendency of the American Drama and offers a helpful view of its development. It is a book that everyone who is interested in the past, present and future of the theatre will find distinctly worth reading and worth owning. Its purpose is to show the manner by which an American dramatic art may arise.

the various parts of his house, his stables, his kitchens, his beautiful home, library, in fact the descriptions of all the buildings attached to his home make the book one of unusual interest and also of value.

The Complete Club Book For Women, including subjects, material and references for study programs; together with a constitution and by-laws; rules of order; instructions how to make a year book; suggestions for practical community work; a resume of what some clubs are doing, etc. A companion volume to "Woman's Club Work and Programs." By Caroline French Benton. Boston: The Page Company. MDCCCXV.

This is an interesting book. The reviewer had the pleasure of reading Miss Benton's book on "Living on a Little" and she offered many valuable suggestions. Every lady who is interested in club work ought to have this volume. It contains about 300 pages and there is not a paragraph in it that is not of value. It is interesting from beginning to end. Miss Benton writes well and her style is so easy and attractive until it cannot fail to interest her readers in a very few minutes.

The Real Argentine. Notes and Impressions of a Year in the Argentine and Uruguay. By J. A. Hammerton. With numerous illustrations. New York. Dodd, Mead and Company, 1915.

Mr. Hammerton has given to the reading world a very fine book. A great many books have been written on South American Countries within recent years and it looks like an addition of one more is useless. But after an examination of this volume one has a different idea.

So far as American writers on the Latin-American Republics are concerned, many of their books are based on the statistical returns of the respective governments, or on topographical and historical data, easily obtainable at the public libraries. Others more popular but perhaps less valuable, are the hasty records of fleeting visits. These latter are so apt to be informed by a spirit of indiscriminate admiration that they present misleading and untrue notions of the countries described.

We copy the following from the writer's preface.

"The present writer may be stating what is already known to the reader, when he mentions that among both of these classes of books a considerable percentage—perhaps the greater number of those published in the United States and in England—have been subsidized by the governments of the respective republics of which they treat. Many are but glorified advertising pamphlets, put forth in the guise of serious books the better to fulfill their office of propaganda. To

look to them for any dispassionate and well-studied view of the countries illustrated in their pages, would be as natural as to expect the advertisement writer of Somebody's Soap to publish an entirely impartial opinion of the article he had been employed to advertise."

Mr. Hammerton has given to the world a very accurate description of the South American Countries, looking at it especially from a commercial standpoint. It deals with facts concerning the country. He is thoroughly familiar with his subject. Of course all prominent writers like Lord Bryce and Mr. Roosevelt when they visited that country are somewhat crippled on account of their inability to see a country and its people as they naturally are. The time that they spend in these countries is largely taken up by social attention that they no doubt enjoy. At the same time they do not have an opportunity to see the various phases of this section of the world as Mr. Hammerton has seen it and has studied it.

An examination of the book is interesting. It is unquestionably a volume of great value. It contains over 450 pages and is nicely and substantially bound.

Socialized Germany. By Frederick C. Howe, LL. D., Author of "The City: The Hope of Democracy," "The British City: The Beginnings of Democracy," "Privilege and Democracy in America," etc. New York: Charles Scribner's Sons. 1915. Price \$1.50.

This volume is published partly as an explanation of the efficiency of Germany, but primarily as a suggestion of a new kind of social statesmanship which our own as well as other countries must take into consideration if they are to be prepared to meet the Germany which, in victory or defeat, emerges from the war. For the German peril is only in part a military peril. It is a peace peril as well. The real peril to the other powers of Western civilization lies in the fact that Germany is more intelligently organized than is the rest of the world.

Much of the material of this book was ready for publication in the fall of 1914. It is the product of a rather intimate knowledge of the German life during the past quarter of a century. When the war broke out the manuscript was laid aside to wait its termination but as the contest wore on and the extraordinary resources of Germany were disclosed it seemed to the author that the book should be published.

It would be well enough for Americans to realize that in the event that the Germans win in this great war struggle

we will have, not a yellow peril but a military one which will be much more objectionable and one that we will hate very much to be 'submissive to. Of course Mr. Wilson sees this danger. He is trying to prepare for it. It will be a great calamity if this nation does not take advantage of his policies at this time.

Bacteriology for Nurses. By Harry W. Carey, A. B., M. D., Former Assistant Bacteriologist, Bender Hygienic Laboratory, Albany, N. Y. Associate in Medicine, Samaritan Hospital, and City Bacteriologist, Troy, N. Y. Philadelphia: F. A. Davis Company, Publishers. 1915. Price \$1.00.

This will prove to be a valuable little book, not only for the pupil nurse but for the graduate nurse particularly. Many of the duties of a nurse require a knowledge of the principles of bacteriology in order to be performed intelligently. It is difficult, however, for anyone instructing nurses to decide just how much of the subject to attempt to teach. The basis of this book is the lecture notes that Dr. Carey used during the last eight years in teaching the nurses of the Samaritan Hospital Training School. In incorporating them into book form he has tried to present in simple language the portion of the subject essential for the nurse to know. It gives us pleasure to recommend the work. It is small but large enough for the purpose for which it was intended. It contains 144 pages.

Educational Hygiene. From the Pre-School Period to the University. Edited by Louis W. Rapeer, Ph., D., Professor of Education, Pennsylvania State College. Illustrated. Charles Scribner's Sons, New York. 1915. Price \$2.50.

Dr. Rapeer has written a very valuable and useful book. The remarkable movement for the improvement of school and community health in the last decade has brought the school into such close and intimate relation with the health work of the home and community that school hygiene is hardly broad enough as a term to include the various health aspects of the bringing up of children. Educational hygiene is comparatively a new science. It is broad in scope, covering as it does five distinct divisions, namely medical supervision, physical education, school sanitation, the teaching of hygiene, and the hygiene of instruction. All these different subjects should be taught and understood in all our schools and in all of our public health work. Dr. Rapeer

is an attractive writer. He makes out of a dull subject interesting reading. The book contains 641 pages and is appropriately illustrated. The introduction of the school interest into the home and subjects of that kind are handled with interest and sometimes in an amusing style.

The Road to Glory. By E. Alexander Powell. Illustrated. Charles Scribner's Sons, New York. 1915. Price \$1.50.

Some of the most romantic and heroic of the exploits of our history—generally neglected by the regular historian because of their unofficial character, and therefore unfamiliar or unknown to the general reader—are vividly recounted in these pages. They are concerned with the winning of Texas, Florida, and the great territory acquired from France by the Louisiana Purchase, etc. The upshot is that stirring battles, and gallant figures, known before at most by name only, become real to the reader in the intense, swift, and spirited narrative. The most familiar episodes of the book are the battle of Tippecanoe and the defense of the Alamo; but even the accounts of these involve so many fresh features and incidents and are so brilliantly re-told that they have all the flavor of the new.

We have never read a more interesting book than this. It is full of remarkable history, or narratives of episodes that are calculated to keep the attention of any reader.

The Wonder Hill, or the Marvelous Rescue of Prince Iota. By Albert Neely Hall. Illustrated by Norman P. Hall. Rand McNally and Company, Chicago. Price \$1.20.

This is a book intended to interest the younger class of readers. It fulfills this purpose very well indeed. It is much on the order of "Alice in Wonderland."

It contains 275 pages and has numerous illustrations to attract the child's attention.

The Spell of Belgium. By Isabel Anderson. Illustrated. Boston: The Page Company. MDCCCXCV. Price \$2.50.

This is a most interesting book. It has several illustrations in it of considerable interest and value. The volume contains about 450 pages and is very beautifully bound. Belgium has contributed greatly to the world's history in many respects. While a great deal has been destroyed during this ruthless war, still there remains a great deal for Belgium has much to give. How splendid are her unique

guild-halls with their fretted towers, her massive mediaeval gates and quaint old houses bordering the winding canals. The writer has had the pleasure of visiting every city of any consequence in the world and he knows of none that is more interesting than Belgium. Anyone of intelligence can linger through Brussels for weeks and weeks and be amused every minute of the time. She has for centuries in one way or another contributed something that holds the world's admiration. The reviewer recommends the book. It will interest anyone. It is valuable to everyone of average intelligence.

Anne of The Island. By L. M. Montgomery. Frontispiece and cover in color by H. Weston Taylor. Boston: The Page Company. MDCCCXV. Price \$1.25.

The author is a very interesting writer and all who have had the pleasure of reading "Anne of Green Gables" and "Anne of Avonlea" will be delighted that another volume has been added to the set. These books had a wonderful sale and created favorable comment among many hundreds of reviewers. The Page Company is famed for the beautiful style in which they get out their volumes. This book has nearly three hundred pages and is printed on appropriate paper. Its frontispiece is beautiful.

Anne of the Island tells of Anne's college life, her new friends, and, finally, of her romance. It will certainly be well received by all girls, especially.

Laboratory Methods. With special reference to the needs of the general practitioner. By B. G. R. Williams, M. D., Member of Illinois State Medical Society, American Medical Association, etc., and E. G. C. Williams, M. D., Formerly Pathologist of Northern Michigan Hospital for the Insane, Traverse City, Mich. With an introduction by Victor C. Vaughan, M. D., LL. D., Professor of Hygiene and Physiological Chemistry and Dean of the Department of Medicine and Surgery, University of Michigan, and Arbor, Mich. Third Edition. Illustrated with forty-three engravings. St. Louis: C. V. Mosby Company. 1915. Price \$2.50.

The writer with the realization of the fact that the general practitioner is not usually prepared to make, on account of lack of extensive apparatus and other conveniences, an elaborate chemical test or examination, was prompted to prepare this book which he entitles, "Laboratory Methods." It is not large, containing

about 225 pages, but it is beyond the compend size and is under the encyclopedic form. The physician may have experienced discouragement in trying to conduct certain examinations but he has probably been confused by the complexity of the large book and thwarted by the paucity of the compend. It is not presumed that the practitioner shall attempt every investigation, but this book will show that many of the comparatively simple cases that are usually sent to distant cities for expert examination may be made with more satisfactory results by the practitioner.

It has been the aim of the authors to simplify methods both as to apparatus and technic. Essential factors have not, however, been omitted but have been emphasized in such manner as to indicate their importance. Only the best tests are given so that the reader will not be perplexed by being obliged to do any choosing for specific cases. Stress has been laid on safe diagnosis, and sources of error, as well as the value and limitation of tests, have been pointed out.

The illustrations are numerous and appropriate. The Drs. Williams write well and they have given the medical profession a very useful volume, one that we take pleasure in recommending.

A Christmas Promise. By Caroline E. Jacobs. Author of "A Texas Blue Bonnet," "The Christmas Surprise Party," etc. Illustrated by Josephine Bruce. Boston: The Page Company. MDCCCXV. Price fifty cents.

This is one of Miss Jacobs' Cozy Corner Series of books for children. It is a small volume of about sixty pages and is intended for children about six or eight years of age. Some of the stories are very amusing indeed.

The Crimson Gondola. By Nathan Gallizier. Author of "Castel del Monte," "The Sorceress of Rome," etc. Pictures by E. H. Garrett. Decorations by P. Verburg. The Page Company, Boston. MDCCCXV.

Mr. Gallizier is a very attractive writer. He has merited a fine reputation as an entertaining and popular author. His first work, "Castel del Monte" was a success. The present volume deals with Venice and Constantinople at the beginning of the Thirteenth Century. For anyone to read it now it is doubly interesting and to some extent historic. The Page Company is in the habit of getting out very beautiful volumes and they have certainly maintained their reputation in this book.

It contains 447 pages, and has a great

many remarkably appropriate illustrations. The empress' favorite pet and companion is a very large and beautiful rhesus in Medicine and Surgery. Under tiger which on ordinary occasions is a very effective protector. One of the illustrations shows them together.

Diseases of the Skin. By Henry H. Hazen, A. B., M. D., Professor of Dermatology in the Medical Department of Georgetown University; Professor of Dermatology in the Medical Department of Howard University; etc. Two hundred and thirty-three illustrations, including four color plates. St. Louis: C. V. Mosby Company, 1915. Price \$4.00.

Dr. Hazen is a fine writer. Ordinarily it is difficult to present or give a description of any disease of the skin in anything like an attractive form. Dr. Hazen writes clearly and with the aid of his beautiful illustrations makes his descriptions very clear and interesting, certainly for anyone who is interested in this class of diseases.

The doctor is in doubt whether or not a book of this character is needed at the present time on account of the fact that so many books dealing with the skin are now upon the market. Anyone, however, who will take the pains to examine this book will be quickly convinced that there is plenty of room for this class of literature now.

The reviewer believes it is the best book of its size that has ever been published on this subject. The large works are too voluminous and contain such a wealth of material that it is hard for the inexperienced reader to grasp the essential facts while the small books are rather exaggerated quiz compends which do not pay enough attention to the common diseases either in the matter of text or illustrations. Nor do any of the books give the histopathology of even the common diseases in a way that can be grasped by the novice.

Dr. Hazen has been quite successful in fully describing the common diseases and has omitted many of the very rare ones. His 233 illustrations are very appropriate and well illustrate the text. We recommend the book with pleasure. It is correctly indexed, substantially bound and contains 539 pages.

My Childhood. By Maxim Gorky. New York: The Century Company. 1916. Price \$2.00.

This is a remarkably interesting book. The author deserves the great reputation as a writer which he has already attained.

His "Tales of Two Countries," and "Foma Gordyeev," are two books known all over the English speaking world. We take the following from the publisher's description of the book:

"More intimately Russian than even Russian fiction. Without strain, in a style classic in its simplicity, swift and vividness, the eminent Russian novelist herein gives the story of his life from his earliest memory to his seventeenth year, when his grandfather threw him out of the house, telling him to shift for himself.

"It is a human document explaining the mind and career of one of the greatest writers of a nation notable for its literary artists. Upon the pages of this book, out of the memory of his childhood, Gorky has written some of the fairest passages of all Russian literature. And it is at the same time more than the self-revelation of a great artist: it is a fascinating picture of Russian peasant life and a presentation of the basic character of the Russian people.

"There are personalities in it as memorable as any in the supremest fiction. The old grandmother, who actually fought for the boy Gorky with her hands a hundred times, who told him the most wonderful stories, who schemed and toiled to keep the unwieldy household in order, who got drunk occasionally, who melted in tears at the sight of a splendid moonlight night, who would forgive anybody anything—Gorky's grandmother is the heroine of the book and one of the most magnificent presentations in literature."

This is a high class novel and it is intensely interesting at the present time.

Speaking of Operations. By Irvin S. Cobb. Author of "Back Home," "Europe Revised," etc. Illustrations by Tony Sarg. New York: George H. Doran Company.

This volume is dedicated to two classes of readers: those who have already been operated on and those who have yet to be operated on. It describes from a standpoint of amusement the surgical operations, the funny things about a doctor's examinations, the things a patient has to talk about after he returns home from the hospital. Mr. Cobb tells of his own experience in a hospital where he recently underwent "Pruning at the hands of a duly qualified surgeon." The book is very interesting indeed.

The Practical Medicine Series. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Under the general editorial charge of Charles L. Mix, A. M., M. D. Volume IX. Skin and Venereal Diseases. Edited by Oliver S. Ormsby, M. D., with the collaboration of James Herbert Mitchell, M. D. Miscellaneous Topics, edited by Harold N. Moyer, M. D. Series 1915. Chicago: The Year Book Publishers, 327 S. LaSalle Street.

We always receive these volumes with pleasure. The literature on cutaneous medicine for the year shows very little diminution in its volume, owing to the activity of the war. Syphilis and the venereal diseases have been well studied in the army, in the field and emergency treatment has been devised, while the prophylactic measures have been given trial on a large scale. Attention has been called to the possible spread of leprosy due to contact of soldiers in the fields with the diseases where it is endemic. Trench fighting, under the conditions imposed during cold weather have reduced many cases of erythema and gangrene of the feet, similar to frost-bite, due in these instances to temperature above the freezing point.

The Wassermann reaction has been studied. The literature on this particular subject has not been changed. Importers have had a great deal of trouble about getting salvarsan for the treatment of syphilis. The demand for it is only partially supplied.

While this volume is not quite as large as some of its predecessors, it is in all probability the most valuable one we have looked over for a year or so.

With the Russian Army. Being the experiences of a national guardsman. By Robert R. McCormich. Major First Cavalry, Illinois National Guards. With maps, charts, and 24 full page illustrations. New York: The Macmillan Company. 1915. Price \$2.00.

Mr. McCormich, whose father had been American Ambassador to Russia, enjoyed unusual facilities for visiting the Russian front and observing actual warfare. Probably no one outside of Russian official circles has had such privileges. This account of his experience is well written and illustrated with maps, charts, and photographs.

The book deals with many subjects concerning the war from a Russian's standpoint that would interest most anyone. It is quite a good size book, over 300 pages. Mr. McCormich has certainly

given to the world a most valuable and interesting volume. It is calculated to favorably attract the attention of everyone.

The Practical Medicine Series. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Under the general editorial charge of Charles L. Mix, A. M., M. D. Volume X. Nervous and Mental Diseases. Edited by Hugh T. Patrick, M. D., and Peter Bassoe, M. D. Series 1915. Chicago: The Year Book Publishers, 327 S. LaSalle Street.

The illustrations in this volume are more numerous than we usually see in this series. Of course a book dealing with nervous diseases is almost worthless without the proper illustrations to simplify the text.

This volume deals quite fully with tumors of the brain. The illustrations describing the pathological changes that take place in and around the neighborhood of tumors in this part of the body are very valuable, certainly for the pathologist. The book is especially full of valuable knowledge pertaining to the pathological condition found in all forms of mental and nervous diseases.

Price of this book \$1.35. Price of the series of ten volumes \$10.00.

Miscellaneous.

Grippe.

"Grippe is an epidemic catarrhal disease, and is usually accompanied by or complicated with severe cephalic, thoracic or abdominal disorders, rheumatism, etc.

The complications are legion, embracing almost every form, respiratory, circulatory, digestive, urinary and nervous, affecting the organs of sight, hearing, olfaction, gustation, etc.

We think that all who have made a test of the action of Tongaline, either in the acute stage of the malady, or in the period of convalescence marked by the extreme nervous disturbance above alluded to, will be convinced that Tongaline has a direct and marked influence for good.

There is not an organ or function of the body which may not be so impaired by grippe as to lead to a permanent disability, but on account of the extraordinary eliminative action of Tongaline, this rarely occurs if that remedy is used, since there is then no opportunity for such an accumulation of the poison as to induce permanent harm."

Thirty Feet of Trouble.

Man carries around with him, and woman likewise, thirty feet of trouble. For in many cases the intestinal canal is in fact a lethal laboratory, within which are generated poisons as subtle as those of any Borgia. If allowed to accumulate, and be absorbed into the blood, such poisons drive the unfortunate individual to constant misery and suffering. On the other hand, autotoxemia may manifest its existence by such vague and confusing symptoms as to render diagnosis difficult. No part of the body is exempt from the effect of autotoxemia, no organ or tissue is immune. Metabolism suffers as a rule and poisoned or undernourished cells of any organ or tissue may register their protest. The physician will do well to regard with suspicion a complaint that sleep does not refresh, that the patient gets up in the morning "tired," with a dull annoying headache that often wears off during the day. There is also a disposition to look upon the darker side of things, to feel mentally depressed, to borrow trouble or fret over little things. Inability to concentrate the mind, to study or to plan—the power of initiative is often lost. The patient can do things mechanically but complains of lack of force—he "has no push."

And in spite of these symptoms of trouble referable to almost any body function, the patient will often deny that constipation exists—or claim that the bowels are "regular."

If the discriminating doctor will but keep in mind that autotoxemia, resulting from stasis can exist even when the bowels are not costive that symptoms of toxemia anywhere in the body may be traced back to the intestinal canal, he will seldom fail to make a correct diagnosis.

It is a safe rule to always suspect stasis and autotoxemia, and to exclude it before the diagnosis is made. The laboratory and the X-ray and Bismuth meal will confirm and in many cases, clear up any doubt.

The diagnosis made and confirmed, what then?

Treatment. Not treatment for constipation, not effort to "empty the bowels" or "clean out the patient." But treatment intended to train the bowels to do their duty and resume normal functioning, correct diet if the indication exists. Prescribe proper hygienic measures if needed. Explain the status *praesens* to the patient. Then take steps to treat the obstipation and stasis by mechanical means.

Mechanical means, spells Lubrication.

Lubrication means Interol.

Interol spreads properly, i. e., it coats the intestinal wall and oils the road. It admixes well, that is, it mingles with the bowel contents instead of simply coating the mass. It dissolves certain toxins and suspends others, and carries them out of the body. It protects the mucous membrane and increases its filtering power. It stimulates peristalsis and secretion of intestinal glands. And it is absolutely free from any and all impurities and is therefore Safe.

Interol therefore, when used in the correct way as regards dosage and method of administration, produces effects that are necessary and desirable. That is to say, Interol secures results in hands that know how and when to use Interol.

Auto-Toxic Ills and the Liver.

Auto-intoxication is so frequently due—directly or indirectly—to hepatic torpor, that stimulation of the liver becomes, perforce, the first and most important detail of its treatment. The almost specific action of Chionia in increasing hepatic activity without producing catharsis gives it, therefore, a highly important place in the successful management of auto-toxic conditions. The results that follow its use are especially satisfactory in that they are accomplished through physiologic or natural channels. One to two teaspoonfuls in water, three times a day will rapidly restore biliary activity and thus remove the train of auto-toxic symptoms commonly described as biliousness.

A Systemic Boost.

It is safe to say that the average physician is called upon to prescribe a tonic more frequently than any one other form of medication, unless it be a cathartic. Patients who are patients solely because they are tired, "run down" and generally debilitated, are constant visitors at the physician's office. Such individuals need something that will boost them up to their normal point of resistance and then hold them there: in other words not a mere temporary stimulation, with secondary depression, but a permanent help to the revitalization of the blood and a general reconstruction. Pepto-Mangan (Gude) is not only prompt in action as an encourager of appetite and better spirits, but is also distinctly efficient as a blood builder and systemic reconstituent. It is pleasant, non-irritant, free from constipating effect and does not stain the teeth. It is thus a general constitutional tonic of positive service in all conditions of general devitalization.

An Important Silver Germicide.

There are numerous silver salts on the market. One of the most efficacious of these is believed to be the proteid-silver compound manufactured by Parke, Davis and Company under the name of Silvol. This product occurs in scale form, has a dark lustrous appearance, and contains about 20 per cent. of metallic silver. Silvol is slightly hygroscopic, consequently is readily soluble in water. Aqueous solutions of any strength desired may be prepared from Silvol—solutions having this important advantage: they are not precipitated by proteids or alkalies or any of the reagents that commonly affect other silver compounds in solution. Moreover, Silvol solutions do not coagulate albumin or precipitate the chlorides when applied to living tissue.

The use of Silvol is indicated in inflammatory affections of mucous membranes generally. It may be used locally in solutions as strong as 40 per cent. without producing pain or irritation. In acute gonorrhea, as an abortive measure, a 20-per-cent. solution may be injected every three hours, while in the routine treatment the injection of a 5-per-cent. solution three times a day is recommended.

Silvol penetrates tissue and destroys pathogenic bacteria. It is non-toxic. The product is available in two forms: powder (ounce bottles) and capsules (6-grain), bottles of 50. The contents of two capsules make one-fourth ounce of a 10-per-cent. solution. For application to regions where the use of an aqueous antiseptic solution is impracticable, Silvol Ointment (5 per cent.) has been devised. This ointment is marketed in collapsible tubes (two sizes) with elongated nozzle.

The Nutrition of Pulmonary Tissues.

During the winter and spring months, the management of diseases of the bronchi and lungs is one of the most important functions of the physician. The treatment of acute infections must, of course, be largely symptomatic, but it is generally recognized that the best chance of securing results in chronic diseases of the bronchi and lungs is afforded by an agent that supplies nourishment to these tissues, and for such a purpose Cord. Ext. 01. Morrhuæ Comp. (Hagee) will give the utmost satisfaction. It contains the essential qualities of cod liver oil, but is free from its nauseous properties, for which reason it should be selected whenever cod liver oil is indicated.

Convalescence.

The secret of prompt recovery from many a serious illness will be found in the prompt institution of tonic treatment. The resulting uplift is often all that is needed to enable the body to re-establish a nutritional balance and develop adequate resistance.

Thus, after the acute diseases, such as typhoid fever, pneumonia, pleurisy, influenza, or those requiring surgical operations like appendicitis, intestinal ailments, utero-ovarian ailments and so on, the return to health often hinges on the thought and care given to restorative treatment. If a reconstructive like Gray's Glycerine Tonic Comp. is used, the result is rarely if ever in doubt. Unlike many remedies used to promote convalescence, Gray's does not whip up weakened forces. On the contrary, it aids and reinforces them by increasing the power and capacity of physiologic processes throughout the body. Thus the appetite is improved, digestive and absorptive functions are activated and the resulting improvement in cellular nutrition insures a notable gain in vitality and strength. Weakness and debility vanish as vitality and strength appear. This tells why "Gray's" is so useful and effective after the acute diseases.

Establishment of a Department of Hygiene, Sanitation and Epidemiology.

The H. K. Mulford Company announces the establishment of a department of Sanitation and Epidemiology, under the executive management of Thomas W. Jackson, M. D., expert in preventive medicine, sanitation and the study and control of epidemic diseases.

The most important subjects before the American people at the present time relate to the public health. Work in this field is frequently beyond the reach of the existing health and sanitary departments of the various municipalities and smaller towns, on account of limited appropriations.

The department does not propose to enter into competition with the constituted public health authorities, local, State or Federal, but to aid and assist these authorities in every possible way. The work is essentially one of service and education, and will be developed along these lines. The resources and equipment of the Mulford Laboratories, Chemical and Bacteriological, will be utilized, thus placing at the disposal of the New Department the entire laboratory facilities and expert services of the H. K. Mulford Company.

INDICATED WHENEVER A
DEPENDABLE TONIC OR
RESTORATIVE IS NEEDED.

USEFUL AT ALL SEASONS
AND FOR PATIENTS OF
ALL AGES.

Gray's Glycerine Tonic Comp.

FORMULA DR. JOHN P. GRAY

Quickens the appetite.
Stimulates gastric activity.
Promotes assimilation.
Improves nutrition.
Restores bodily strength.
Increases vital resistance.

Produces prompt and
satisfactory results in
convalescence from La Grippe,
fevers, etc., atonic
indigestion, malnutrition and
functional disorders in general.

FOR INTERESTING AND VALUABLE INFORMATION
ON TONIC MEDICATION, ADDRESS

The Purdue Frederick Co., 135 Christopher St., New York City

For Circumcision

we offer a special catgut suture
not only particularly suitable for
the purpose, but one that is ex-
ceptionally convenient and safe.



Sizes 00 and 0, Three Tubes in a
Box. Price, 25 cents per tube; \$2.25
per dozen tubes. No samples.

For sale by your dealer or sent
upon receipt of price.

VAN HORN and SAWTELL

New York, U.S.A. 15-17 E. 40th Street AND London, England 31-33 High Holborn

"The Cleanest
of Lubricants"

K-Y Lubricating Jelly (REG. U.S. PAT. OFF.)
"The Perfect Surgical Lubricant"



Absolutely sterile, antiseptic yet non-irritating to the most sensitive tissues, water-soluble, non-greasy and non-corrosive to instruments, "K-Y" does not stain the clothing or dressings.

Invaluable for lubricating catheters, colon and rectal tubes, specula, sounds and whenever aseptic or surgical lubrication is required.

Supplied in collapsible tubes.

Samples on request.

VAN HORN & SAWTELL

NEW YORK CITY 15-17 East 40th Street and LONDON, ENGLAND 31-33 High Holborn

The Efficient Spinal Supporter.

It is the opinion of a large majority of the medical profession that in cases of spinal curvature, no matter how caused or of what nature, a spinal supporter or brace is indicated.

The efficient spinal supporter should be so constructed as to elongate the spine, for all admit that the only way to straighten a crooked spine is to extend it, to separate the individual vertebrae and allow as little pressure as possible on the intervertebral cartilages and the roots of the spinal nerves. It should exert a gentle but constant life between the hips, the torso and the axillary folds, thus removing the weight of the upper portion of the body from the spine, transferring it to the hips.

The efficient supporter should be light in weight and comfortable to wear, so that the patient's general health will not be affected by weight or undue pressure anywhere. It should be adjustable that advantage may be taken of improvement in the patient's condition and easily removable to permit of examination and to facilitate bathing, massage and medication.

While giving proper longitudinal support, the efficient supporter should be flexible to allow of movement and exercise sufficient to prevent wasting or atrophy of the muscles.

Plaster of paris casts, sole-leather jackets and steel braces will, in many cases, bring about satisfactory results, but the shortcomings of this rigid form of support are apparent to the modern practitioner. A heavy and rigid apparatus, through the discomfort it brings the patient, meets with opposition from all parties concerned and is often discarded before being worn a sufficient length of time to demonstrate whatever merit it may possess.

Many cases of spinal irritation and general neuesthesia, without actual spinal curve, need a spinal supporter. Most of these patients will welcome a light and comfortable apparatus but find great difficulty in wearing the cast, jacket or brace frequently ordered by Orthopaedists.

In cases of anterior polio-myelitis, a curved spine often occurs and whether muscle grafting is or is not done, support of the spine is indicated and should be advised at a very early period.

In cases of spinal tuberculosis, it is especially necessary to remove the weight of the upper portion of the body from the spine and to separate the individual

vertebrae, and a comfortable, efficient appliance is indicated.

On another page in this issue appears the advertisement of the Sheldon Appliance, which we believe is the most practical and efficient spinal supporter on the market. This Appliance is made by the Philo Burt Manufacturing Company at Jamestown, N. Y.

"Many cases of acute coryza and nasopharyngeal irritation are often due primarily to the streptococcus rheumaticus and respond to the usual rheumatic therapy."

In these cases, commonly called "cold," generally deep-seated, painful and exhausting, Tongaline mitigates the congestion and by rapid elimination of the poisons or germs, promptly relieves a condition often very obstinate and if not corrected within a reasonable time, attended with serious results and always with a tendency to become chronic.

For special stimulation to the kidneys, Tongaline and Lithia Tablets; if malaria is indicated, Tongaline and Quinine Tablets.

ad-2-16

Times of Efficiency.

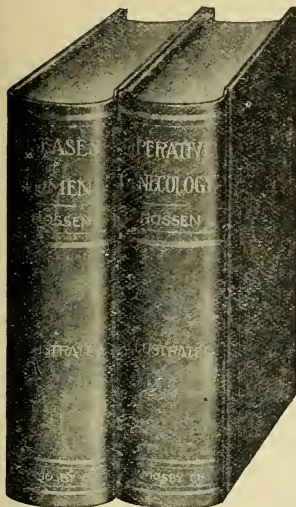
Hands that know how and when to use counter-irritation and analgesia, will secure very gratifying results from the use of the Anodyne First-Aid—by which is meant K-Y Analgesic.

Counter irritation, to be ideal, requires that the agents used be rubefacient, that the skin can be generously reddened without producing a blister, so that the full effect upon the nerves reporting pain can be obtained. K-Y Analgesic is greaseless, an advantage that will at once bespeak favorable attention, because the absence of grease assures not only full effect locally, but increased power on the part of the skin to absorb analgesic agents. Being water-soluble, K-Y Analgesic can be removed quickly and easily—and since it is non-toxic or non-irritant, it can be used as often as desired. It does not soil or stain skin or clothing.

For the relief of headache, neuralgia, myalgia, rheumatic pain, stiff joints, aching muscles, sore spots in the tissues, lumbago, sprains, sore throat, etc. K-Y Analgesic is of extreme service to the considerate doctor—considerate of his patient's welfare—and of his patient's comfort as well.

Consideration for his patient's comfort also suggests Friction's Antidote—K-Y Lubricating Jelly for instruments of penetration, chafes, burns, pruritus, dermatitis, etc.

Two Very Important Publications



OPERATIVE GYNECOLOGY

By HARRY STURGEON CROSSEN, M. D., F. A. C. S., Associate Gynecologist Washington University Hospital, and Associate in Gynecology, Washington University Medical School; Gynecologist to St. Luke's Hospital, St. Louis Mullanphy Hospital, Missouri Baptist Sanitarium, Bethesda Hospital and St. Louis Maternity Hospital; Fellow of the American Association of Obstetricians and Gynecologists, and of the Western Surgical Association. 700 pages, with more than 700 original engravings. Price, cloth.....\$7.50

DISEASES OF WOMEN

By H.S.Crossen, M.D., Associate in Gynecology, Washington University, St. Louis. 1026 pp., with 744 engravings. Third edition. Cloth \$6.50

(SEND FOR FULL INFORMATION)

The C. V. MOSBY COMPANY
Publishers **St. Louis**

Double Pulley Extension.

It is a tube that will telescope to fit any bed. Curves out 5 inches from the foot of bed. The vertical piece that supports the pulleys slides up or down on any place along the bar. The pulleys are six inches apart, and by a thumb screw can be tilted either way. The adhesive going direct to pulley from either side of the foot without the block of wood, holds the foot at any angle. A loose pulley hanging to the rope to which a single weight is attached gives even traction on both sides. Can be adjusted to any bed in three minutes. Can be clamped onto any bed in three minutes. You will say, as all doctors do, Why did we ever use the single pulley?

A SUPPORT, that will hold the limb in any position and maintain it that way, and at the same time enable you to see and know that the fracture is in position. It is the only ideal way of treating a fracture of the leg or thigh, and is equally helpful in sciatica, hip-joint disease, spinal injuries, or any trouble requiring traction.

For leg or thigh, adhesive strips are placed on either side of the leg, and each strip left to extend eight inches below

the foot. The ends are then folded and fastened through rings with a safety-pin. In some cases it may be advisable to use a long posterior splint, in which case pad lightly with gauze and use a two-inch adhesive around both splint and leg. By adjustment made on pulleys by a thumb screw, the foot can be held at any angle or elevation. The direct, even traction on either side of the leg holds the foot without lateral support. You don't have to use a block of wood to hold the adhesive away from the malleolus. You will find you can get all the traction necessary with much less weight than by any other method, as the pull is constant, direct, and without friction. Your patients will appreciate this method of treating fractures. It gives them far more freedom of movement, and the bed pan can be used with very little inconvenience.

You have no uncertainty as to what you are going to do when called to treat a fracture. You don't require the assistance of bystanders in getting boards, nails, hammer, and brace and bit. You are master of the situation—a professional man, not a carpenter.

DOUBLE PULLEY EXTENSION CO.,
Kinsley, Kans.

ad-9-16

Concerning Cathartics.

To the layman, a cathartic is simply a cathartic, and nothing more. One thing is as good as another, as long as it "moves the bowels." To the physicians there is a vast difference between "moving the bowels," and inducing normal bowel action.

For years Strychnine was the stock ingredient of cathartics, for the purpose of stimulating the muscle to peristalsis. But nowadays we realize that Strychnine more often inhibits peristalsis by overstimulation, and that the best stimulant of intestinal muscles is the intestinal secretions.

Pil. Cascara Comp. Robins contains no Strychnine to force the musculature, nor Belladonna to inhibit the secretions. On the contrary it stimulates the flow of secretions and normalizes peristalsis. It is, in fact, a normal Cathartic.

The Bowels Are Secretory Organs.

It is the failure of the secretory function of the bowel, together with a poor bile secretion, which, in nine cases out of ten, is responsible for constipation.

Most cathartics altogether overlook this factor and address themselves solely to a stimulation of the musculature. Some even inhibit intestinal secretion. The result is a rapid, unsatisfactory bowel movement, followed by paralytic reaction.

Pil. Cascara Comp. Robins is a rational therapeutic formula, which promotes a natural flow of secretions, which is, in turn, the physiologic stimulant of peristalsis. Thus a normal evacuation is produced, without subsequent inhibition.

Formula of Pil Cascara Comp. Robins-Mild.

Cascara	1-2 gr.
Podophyllin	1-16 gr.
Colocynth	1-4 gr.
Hyoscyamus	1-12 gr.

Dose 1 to 3.

Pil Cascara Comp. Robins-Strong is 4 times strength of the Mild.

ad-6-16

A Medicinal Trochar, for the treatment of dropsical effusions, is as important an innovation of modern medical science as the therapeutic lancet for the relief of vascular congestion. The latter office has for several years been performed by aconite. The former function is fulfilled by Anedemin. This excellent preparation is a scientifically balanced and skilfully compounded mixture of Apocynum Cannabium, Urgenea Scilla, Strophanthus Hispidus, and Sambucus Canadensis. It is well enough, in a gen-

eral way, to call it a Medicinal Trochar, but, as a matter of fact, of course, its action is much more fundamental and thorough than that of a trochar. It strikes at the root of the trouble, and removes the cause of the Anasarca, rather than its results. It restores the balance between the arterial and venous systems, at the same time improving cardiac tone, and this prevents the accumulation of fluids in the tissue. The Anedemin Chemical Company, Chattanooga, Tenn., will be pleased to furnish physicians with a liberal working sample of Anedemin Tablets for a thorough try-out. Anedemin is a remedy dependable always, can be pushed and administered with safety wherever indicated. Has no cumulative action.

ad-6-16

Palpitation of the Heart.

Cardiac palpitation and the whole train of subjective symptoms that often keep the heart sufferer in constant distress are not infrequently completely controlled by Cactina Pillets when everything else fails. Clinical experience has shown that Cactina is a persuasive tonic not a therapeutic lash—and the skilled clinician appreciates the distinction. One to three pillets every three or four hours will support the heart and relieve the patient's trepidation.

Theories may come and theories may go in regard to the etiology and pathology of poliomyelitis, but the grim certainty of the paralysis and the necessity for providing orthopedic support for the disabled muscles go on for ever. There is no question about this phase of the disease. And while the pathologists are disputing and discussing the causative factor, the orthopedist is busy rectifying the damage wrought by the storm when it is spent. There is practically no attack of poliomyelitis that does not leave a residual paralysis behind it. Whether that paralysis be permanent, or whether it recover, depends largely on the efficiency of the appliances used for its correction. The doctor alone cannot solve this question. He must have the intelligent cooperation of the orthopedic mechanic and manufacturer. It belongs to what Dr. Truax calls the "Mechanics of Surgery." Doctor, you can have this intelligent cooperation for the asking. We heartily recommend that you make the Philo Burt Manufacturing Company, of Jamestown, N. Y., your consultants and partners in handling these cases.

ad-3-16;

HIGHLAND HOSPITAL

(Succeeding Doctor Carroll's Sanitarium)

ASHEVILLE, N. C.



Veranda View from Central Woman's Building, Overlooking Tennis Courts and Sunset Mountain.

An institution employing all rational methods for the treatment of Nervous, Habit and Mental disorders, especially emphasizing the natural curative agents, Rest, Climate, Water and Diet and laying particular stress upon Work Therapy. The Hospital consists of four buildings situated in Highland Park, comprising forty acres in the suburbs of Asheville

For booklet, address, **Robert S. Carroll, Medical Director, Asheville, N. C.**

The Vantie Portable Lamp.

A clear light focussed in the right place is essential to doctors, nurses and patients alike. A new lamp so constructed that the light can always be concentrated no matter what its shape or been placed on the market.

Reading in bed calls for very peculiar lighting to lessen the natural strain upon the eyes while the reader reclines, but a special phase of VANITIE versatility makes it suited just for this need.

A patent clamp fastens the lamp to the bedpost no matter what its shape or construction, and a simple adjustment of the movable shade brings a radiant daylight before the reader.

This felt lined clamp that automatically remains inside the base when not in use allows the lamp to be securely fastened to a chair, dressing table or shelf, and a rubber suction cup also concealed within the base fastens it to any smooth polished non-porous surface. This suction cup has an automatic release, a fea-

ture not found on any other lamp which enables the user to destroy the Vacuum instantly when desirous of moving the lamp from one position to another.

The adjustable and detachable shade referred to above fits any style or size of globe, and can be turned to practically any angle, the inside of the shade being coated with satin finished aluminum.

Another new feature is the visor joint which permits of free movement in every direction, and is so constructed that the insulating cord is protected at all times.

Ten feet of high grade parallel cord are wound inside the base of the lamp, and can be drawn out so that only the amount in actual use is exposed. The VANITIE lamp is constructed of high grade brass throughout, and is finished in Old Brush Brass and Heavy Nickel Plate. The height when standing erect is twelve inches, and as it weighs only one and one-half pounds, and is so compact it is easily packed for traveling.

ad-10-16

VITAL STATISTICS—SUMMARY FOR THE MONTH OF DECEMBER, 1915.

CITIES	Pop. U. S. C. April, 1910	Est. Pop. July, 1915	Deaths 1914- 1915	Births 1914- 1915	Still- Births	Death- rate 1914- 1915	Birth- rate 1914- 1915				
*Asheville	18,826	20,490	31	20	19	21	2	18.4	11.7	11.3	12.2
Charlotte	34,138	38,887	73	52	80	61	9	23.0	16.0	25.2	18.8
Concord	8,731	9,266	18	12	18	14	2	23.8	15.5	23.8	18.1
Durham	18,469	23,962	36	18	39	31	2	18.8	9.0	20.4	15.5
Elizabeth City	8,455	9,501	11	12	18	17	4	14.2	15.1	23.2	21.4
Fayetteville	7,071	8,534	19	9	12	15	1	28.3	12.6	17.8	21.0
Greensboro	16,018	18,984	26	29	41	19	2	16.9	18.3	26.7	12.0
High Point	9,638	12,353	10	17	21	24	1	10.1	16.5	21.3	23.3
Kinston	7,055	8,515	9	12	13	17		13.1	16.9	18.9	23.9
New Bern	9,976	10,357	24	16	14	30	2	28.0	18.5	16.3	34.7
**Raleigh	19,213	19,980	44	42	45	55	5	26.6	25.2	27.2	33.0
Rocky Mount	8,158	11,461	18	17	11	5		19.8	17.7	12.1	5.2
Wilmington	25,848	29,384	58	67	66	71	5	25.0	27.3	28.5	28.9
Wilson	6,784	8,399	11	18	9	10		16.3	25.7	13.3	14.2
Winston-Salem	22,890	30,141	57	47	64	38	3	23.5	18.7	26.4	15.1
Total	221,270	260,214	445	388	470	428	38	20.3	17.6	20.8	19.8

*No. of deaths non-residents of the State 4.

**No. of deaths from State Institutions 11.

DEATHS BY PRINCIPAL CAUSES, ACCORDING TO LOCALITY AND AGE, DEC., 1915.

CITIES	Contagious diseases	Typhoid Fever	Tuberculosis of Lungs	Tuberculosis of other forms	Cerebro-Spinal Meningitis	Cancer	Pellagra	Diarrhea and Enteritis "Under two years"	Diarrhea and Enteritis "Two years and over"	Pneumonia, including broncho	Suicides	Homicides	Accidents	Under one year	One to five years	Five to six-five years	Sixty-five years and over
Asheville			5							3				4	11	5	
Charlotte			4	1		3	4	1	10	1			3	9	3	25	15
Concord			3						3					1		9	2
Durham		1	2				1		2					2	1	12	3
Elizabeth City			1		1		1		2				1		2	8	2
Fayetteville			1			1	1		1					1		6	2
Greensboro	1	1	3	1	1	2	2		4					2	1	16	10
High Point			1	3		1			2				1	4	3	9	1
Kinston								2	1					4	2	1	5
New Bern	1	2	1					1					1	4		9	3
Raleigh	1	1	2	2		1	3	2	2				1	6	1	23	12
Rocky Mount			2	1				1		2			3	1	3	12	1
Wilmington			5		2	1	2		8				2	17	4	30	16
Wilson			1					1	3				1	3	2	9	4
Winston-Salem		1	7			1	2	2	9				1	14	4	23	6
Total	3	6	38	8	4	10	16	10	58	1		1	14	72	26	203	87

SYRUPUS HYPOPHOSPHITUM FELLOWS

One of the most efficient, most
complete, and best all-round
Tonics in the Materia Medica!

For four and a half decades its reputation
has been constantly increasing!

Reject < Cheap and Inefficient Substitutes
Preparations "Just as Good"

THE FELLOWS
MEDICAL MANFG. CO. LTD.
25 CHRISTOPHER ST.
NEW YORK

Make Your Dollar Produce More in a New York City Hotel

IN THE HEART OF THINGS

TWO SPECIALTIES:

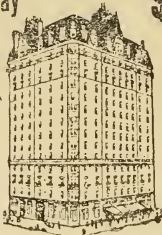
\$2.50 per day

A pleasant room with private bath, facing large open court. (Not one room, but one hundred of them).

Also Attractive Rooms Without Bath, \$1.50 Per Day.

The restaurant prices are most moderate.

600 ROOMS



\$3.00 per day

An excellent room with private bath, facing street, southern exposure. (Not one room, but eighty-seven of them).

The most central location in NEW YORK, equally convenient for amusements, shopping or business.

400 BATHS

HOTEL MARTINIQUE

On Broadway, 32d to 33d Street,
NEW YORK.

All Baggage Transferred Free to
and from Pennsylvania Station.

The House of Taylor.

CHARLES LEIGH TAYLOR,

President

WALTER S. GILSON,

Vice President

WALTER CHANDLER, JR.

General Manager.

DOCTOR; You want this. When you see this, you will say as other doctors, Why did we ever use the single pulley with the block of wood; Gives you confidence in yourself and the patient and neighbors confidence in you. Best protection against malpractice suits as you can see and know condition of your fracture. Holds limb without lateral support. Can be put on any bed in three minutes. Telescope brass tubing. Adjustable pulleys, all brass and aluminum. Price \$10, less 10% and transportation for cash with order. Money refunded, if it is not the best and only extension.

Double Pulley Extension Co., Kinsley, Kans.

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Important Notice

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Edited by Dr. W. G. Spiller

Managing Editor, Dr. Smith Ely Jelliffe

This monthly journal was established in 1874, and from that time on has been the chief representative of the field of American neurology and psychiatry. It represents the chief work of American investigators, and moreover publishes monthly a concise summary of the world's literature of nervous and mental diseases.

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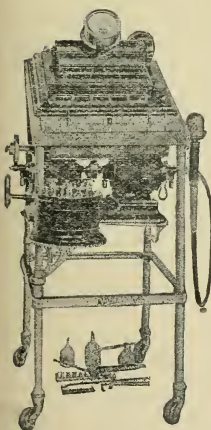
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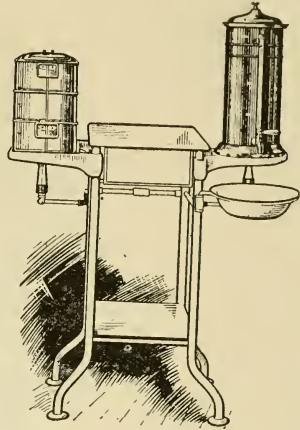
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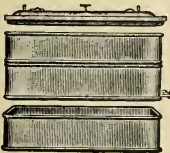


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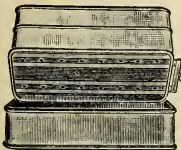
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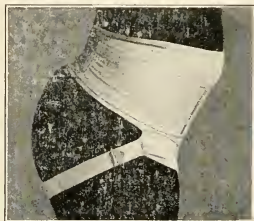
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Dr. J. Allison Hodges, Richmond, Va.

The Charlotte Medical Journal

VOL. LXXIII

CHARLOTTE, N. C., MARCH, 1916.

No. 3.

J. ALLISON HODGES, M. D., RICHMOND, VA.

(Formerly of North Carolina)

Edited by Drs. D. W. and Ernest S. Bulluck, Wilmington, N. C.

North Carolina in recent years has given to the Old Dominion as citizens for her adoption, some of her most distinguished sons, and notable among that number, is Dr. J. Allison Hodges of Richmond, Va.

Dr. Hodges was born of Scotch-English parentage at Linden, North Carolina, on October 8, 1858.

His father, James P. Hodges, was a Southern planter, and son of Colonel Philemon Hodges of North Carolina.

His mother, Flora E. Murchison, was a daughter of Colonel Alexander Murchison of Eastern North Carolina.

Dr. Hodges' academic and collegiate training was at Little River Academy, 1866 to 1874, Floral College, North Carolina, 1874 to 1876, Davidson College 1876 to 1880, where he received his college degree, and at University of Virginia 1881 to 1883, where he was graduated in medicine.

He subsequently studied medicine in New York and Europe, 1883 to 1885; practiced medicine in Fayetteville, North Carolina, 1885 to 1892; removed to Wilmington, North Carolina in 1892, and remained one year when he was called to Richmond, Va., to take the Professorship of Anatomy and Nervous Diseases in the University College of Medicine.

After two years, he accepted the Professorship of Nervous and Mental Diseases, and continued to fill this chair until this college was merged into the Medical College of Virginia in 1914, since which time he has held the Professorship of Clinical Neurology and Psychiatry in that Institution.

During his connection with the University College of Medicine, he held, in addition to his professional duties, the positions consecutively of Assistant Secretary, Proctor, Dean and President, succeeding Dr. Hunter McGuire, at his death, in the latter position.

During his residence in North Carolina, he was a member of the State Board of Health, and at the time of his removal from the State, was Assistant Surgeon General of the North Carolina State Guard, and first Vice-President of the State Medical Society. He was annual

orator at one of the meetings of the North Carolina Society, and later was also orator for the Virginia Medical Society.

Since becoming a member of the Virginia Medical Society, he has held many positions of honor on important committees, and has read numerous papers before that body and other allied associations on various scientific subjects.

In 1903, he established a private institution, The Hygeia Hospital and Sanatorium, the first of its kind in the South for the specific purpose of advancing diagnostic methods of internal medicine and applying all the modern and approved scientific methods to the treatment of all classes of medical diseases, and especially nervous diseases.

In fact, he was a pioneer in the South in directing special attention to the improved facilities in diagnosing and treating medical diseases by hospital and sanatorium methods, for all of the then existing hospitals were either surgical or general hospitals, with meagre equipment for medical patients.

His aim was to place medicine in the South upon the same high plane as surgery, and his efforts in thus serving his medical colleagues have been much appreciated by them, as well as by many loyal patients throughout the South.

He was also one of the founders of the Tri-State Medical Association of the Carolinas and Virginia, and presided over the organization meeting of that Society at Virginia Beach in 1897. He was also active and influential in abolishing the Special City License Tax on Physicians in Richmond, and aided in the later successful efforts to relieve the physicians of Virginia of this unwarranted burden.

Dr. Hodges was largely instrumental in rebuilding the University College of Medicine after its destruction by fire several years ago, and was also much interested in securing the amalgamation of the North Carolina Medical College of Charlotte with the Medical College of Virginia at Richmond, which was successfully accomplished in 1914.

He was elected an honorary member of the North Carolina Medical Society at the Durham meeting in 1905 and an honorary member of the Virginia Southside Medical Association in 1910, and is a member of the Tri-State Medical Association, The American Medical Association and many other medical societies

and scientific bodies.

By special invitation, he delivered the address on Medicine before the South Carolina Medical Association at Rock Hill, South Carolina, in 1913.

He was a delegate to the 9th and 10th International Congresses at Washington in 1887 and at Berlin in 1890, Honorary Delegate from North Carolina to the World's Congress of Physicians and Surgeons at Chicago in 1892, and an Honorary Delegate from Virginia in 1914 and 1915 to the Annual Conventions of the Neurologists and Alienists of the United States.

He has served as an expert in nearly all of the notable medico-legal cases occurring in recent years in Virginia and North Carolina.

Dr. Hodges was Associate Editor up to 1894 of the North Carolina Medical Journal, which was subsequently merged into the Charlotte Medical Journal, and from 1894 to 1897 was editor of the Clinical Bulletin of the University College of Medicine.

He has been Medical Examiner for numerous life insurance companies, and from the foundation of the Atlantic Life Insurance Company, Richmond, Va., in 1900 to the present time, he has held the position of Medical Director of that company.

"Never in any sense a seeker after official promotion, but preferring others rather than himself, at the recent annual session of the Tri-State Medical Association in Richmond, Va., life-long friends of Dr. Hodges, felt it would be a graceful and fitting compliment to him as one of the founders of the Association, as well as a proper recognition of a great career in medicine, to see the Tri-State Association's highest honor conferred on him, and on the last day of the session Dr. Hodges was elected president for the ensuing year.

He is a member of several Greek letter fraternities, and a resident member of numerous social clubs in his adopted city, and at present is devoting his attention especially to nervous diseases and internal medicine.

He is a Presbyterian, and has always devoted himself to the advancement of his profession and to the realization, as far as possible, of its highest ideals.

Likewise, he has always been devoted to the interests of his native State, and is now President of the North Carolina Society of Richmond, Virginia, a large and influential social organization.

In 1891, Dr. Hodges married Miss Mary Scales Gray, of Greensboro, North

Carolina, a daughter of Col. Julius A. Gray, and Grand-daughter of Gov. J. M. Morehead of North Carolina. She also is socially prominent, and at present is Chairman for Virginia and West Virginia of the National Civic Federation, Vice-Regent for North Carolina of the Confederate Museum at Richmond, and First Vice-President of the Richmond Woman's Club.

Their home is the center of a most refined and generous hospitality, and their old-time friends, and "Down-Homers," especially, are always most welcome guests.

RURAL SANITATION IN THE SOUTH: TWO VITAL FORCES; THE WHOLE-TIME COUNTY HEALTH OFFICER, AND SPECIALIZED UNITS OF HEALTH WORK BY STATE BOARDS OF HEALTH.

By J. Howell Way, M. D., President North Carolina State Board of Health, Waynesville, N. C.

Effective sanitation demands the co-operation of the people. The single agency through which people co-operate as a body is their government. Sanitation being necessarily a governmental function, may properly be classified according to the different types of government exercising this function into federal, state, municipal and county sanitation. As the county government is the rural government, county and rural sanitation become synonymous. In the United States fifty-three per cent. of the population live under the approximately 3,000 county or rural governments into which the forty-eight states composing our nation are subdivided. Through the development of a county system of sanitation, these 3,000 county governments afford opportunities to bring practical sanitary betterment within the range of actual working distance of our great rural population. These opportunities are greatest in the states of the South where eighty per-cent of the people reside under the 1,310 county governments, and where the county is more the unit of local government than in New England, the states of which still make to a large degree, the town the governmental unit, or in the states of the West and Middle West, where a comingling of both ideas dominate the ideas and purposes of rural governments.

Nature of the Rural Health Problem.

This may readily enough be determined by any one who, with his mind

fixed upon an average farm home, will ask himself the question: What can the governments, federal, state, and county, do to promote the health of that rural family, and to protect it from the inroads of disease in general, or from the incidence of some particular disease to which it may be liable? The answer to that question is the answer to what is the real object of rural sanitation, and the answer is this: When all the combined governmental health agencies have made that average farmer understand (this is very often much more than merely writing to him or telling him) how he may best promote health conditions and protect himself and family from disease, the government has gone as far as it is possible to go, under ordinary circumstances, in the protection of that family. This is not strange, for when we come to think of it, all governments can do comparatively little for the average man as compared with what he may do for himself. Rural sanitation is then, and must necessarily continue to be, in its larger degree, educational work. Sanitary legislation, so very necessary in urban sanitary work, is of much less importance than in the cities, for in the country each family, from the view point of the operation of sanitary laws, is, to a very considerable extent, a law unto itself.

Two Avenues of Approaching Rural Sanitation.

In influencing a county government to adopt measures which sanitary advance has shown to be reasonable ones for the protection of the health of its citizens, we may submit two relatively simple propositions: First, we may propose to the county that it set aside \$3,000 or \$4,000 per year, to be expended through its own County Board of Health, its own chosen officials, and in their own way, on the conservation of the health of the county people—That is to say we may ask a county to develop and execute its own plan of health work; second, we may ask a county to consider its health problem in its entirety, with a view to dividing the whole county health problem into a number of independent health problems, or units of health work, and that it employ the State Board of Health, at a sum agreed upon between the county and the state, to work out, one, two, or more, or all of the separate county health problems. The first proposition enunciated above is what is usually spoken of as the Whole Time County Health Officer method; the second proposition may be spoken of as the Unit System of County Health Work. Both these separate and

distinct plans of county health work are in operation in North Carolina.

The Whole Time Health Officer Proposition.

North Carolina at present has ten counties with whole time health officers. In two of these counties the urban populations are so much in excess of the rural that we may exclude them from the present consideration. In eight counties in North Carolina where the health problem is purely rural the whole time health officers have been at work for from eight months to four years. The whole time county health officers are elected by the county boards of health, over which bodies the State Board of Health has no statutory control. The county board of health may, therefore, elect any one they please as whole time county health officer. As a rule in North Carolina, the county boards of health have shown a wise discrimination in the election of whole time county health officers, and only in exceptional instances have the influence of politics swayed more than a due regard for the scientific and other qualifications of these elected.

The office being a new creation, without definite specifications as to either responsibilities or duties of incumbents, coupled with an absence of precedents, and in particular, a statutory provided central control which could bring to each man the benefit of the other's work, has resulted in placing grave and unexpected burdens upon our whole time county health officers. That their work has been done carefully, honestly, and with as great a degree of efficiency as circumstances have made possible, I do not for one single moment question, but it is my deliberate judgment that in none of the eight counties have as yet been developed an ideal plan of county health work, nor has a model system been elaborated. This is not by any means a reflection on either the whole time county health work, or upon the capable and zealous gentlemen serving in these positions. It is simply a statement of opinion as to inevitable results in the early days of what is as yet pioneer work along public health lines. The eight rural health workers are each following in a way their own ideas, reinforced, perhaps here and there, by an occasional suggestion or idea developed from reading or from some other man's field of work, as to plans and practice in county health work, and up the present their ideas are so divergent it is really a difficult matter to compare the work of one county with that of another. The answers to a questionnaire recently mailed

by the North Carolina State Board of Health to the whole time county health officers indicates that the average county health officer is on record as accomplishing the following work during the year:

He is making 78 public health addresses to an average audience of 85 people, using lantern slides in about one-eighth of the addresses; he is publishing in the county papers 12 columns of newspaper material dealing with sanitary matters; he is distributing 1,500 pamphlets dealing with questions of sanitary import and 4,000 leaflets on sanitation; he is inspecting 45 schools, finding therein 500 defective children, and having 90 per cent. of the defectives treated; he is vaccinating 3,000 people against typhoid fever, and about 500 against smallpox. In only one of the counties reporting does the quarantine of communicable diseases appear to be in any way effective. He is building 50 sanitary privies per year; is sending 102 specimens to the State Laboratory for examination and treating 72 cases of hookworm disease? This in brief, is an outline of the development of the whole time county health officer plan in North Carolina as officially recorded, but aside from these details, there must be an unmeasurable increment of impetus given to the study and practice of sanitation and disease prevention that entitles our county health workers to a large additional entry on the credit side of the ledger.

Our whole time county health officers have undeniably wrought well, and a tremendous amount of helpful work has been performed as a result of these eight men having devoted their time, study and effort to the health work of these counties, but the volume of accomplishment is unquestionably not nearly so great as could have been done under a well devised and properly formulated system of county health work.

Undeniably the weakness of the system, as at present employed, is the absence of clearcut and well defined plans of effort. There is no definite standard of efficiency or of accomplishment, by which the work of the men can be compared, and their efficiency or deficiency, recognized, and rewarded or corrected. A State Health Officer's Association has been organized at the meetings of which reports of work and discussion of plans are had which have alike been constructively helpful and as well emphasized the lack of systematized endeavor. Such a state of things can but naturally exist in relation to a subject that is being developed, and an intelligent recognition of the

facts does not tend to produce a sentiment adverse to the continuance of the whole time county health officer's work; but the lesson I believe I am safe in saying for North Carolina, is that State Boards of Health should proceed with deliberation in the matter of urging counties to employ whole-time health officers until an adequate system shall have been worked out and the whole correlated into one compact central system to which regular reports are made and from which helpful constructive direction may be had. We hope in our own state to see the counties continue the good work that is being done by our whole-time county health officers, and in the meanwhile with their friendly assistance and co-operation, it is hoped to work out and construct within the next few years, a model of system county health work with definite purpose and plane. One of our most successful whole time county health officers was during the present year called to the offices of our State Board of Health, and a special Bureau of Rural Sanitation created and he placed in charge for the purpose of more rapidly farthing this work. When such plans have been definitely formulated, the State Board of Health will be in a position to approach a county with a proposition to adopt a plan of work—the real object we are after—rather than have presented to it the proposition to create an office, the means to what we hope to get. So much for our first plan of county health work.

The Unit System Proposition.

Last summer we began this second method of county health work. Our State Board of Health proposed a unit of typhoid immunization to several counties. The proposition made to them, briefly, was this: For an appropriation of \$400 placed to the credit of the State Board of Health, a dispensary campaign for typhoid immunization in the county was arranged for, dispensaries were opened at convenient points throughout the county and every effort made to educate and vaccinate against typhoid fever as many people as possible during a six week's campaign. In 12 counties accepting this proposition a total of a little more than 52,000 persons were immunized, an average to the county of 4,300 people. In this work the State Board had engaged 10 men, five physicians and five junior medical students, assisting.

Another unit for which several counties have recently made appropriations, and which is now in process of execution, is our school unit of county health work. A limited number of counties have had

submitted to them by the State Board of Health the following plan of work in county schools for a county appropriation of \$10.00 per school in the county. The State Board of Health agrees to arrange, through the county school authorities and with the school teachers, a program of consecutive Health Days for each school as follows: Two weeks before Health Day, the principal of the school receives from the State Board of Health a batch of hand bills announcing the date and the program for Health Day in that school. These hand bills carry an invitation to the patrons of the school to attend the exercises, and are distributed through the children to the school community. The representative of the State Board of Health arrives at the school at 10 a. m. on Health Day. He makes a fifteen minute talk to the children and visitors on the importance of a knowledge of health and its laws. A medical inspection of the children is then made, giving each defective child a card advising that he see the inspector at the close of the inspection after the conclusion of the exercises. A report is also sent the State Board of Health, which, through a system of follow up letters, continues in touch with the child until its parents have it treated. The inspector also questions the children after the method of the olden time spelling match on a health catechism, which has been previously sent out in sufficient number to supply all pupils fully one month before the inspection visit. Evening exercises are also held by the inspector consisting of three to four short illustrated lectures by the inspector on important sanitary topics, interspersed with the reading of selected compositions by the school children on health subjects. Concluding the inspector awards prizes; the first for the best knowledge of the health catechism, and the second for the best composition. Each school is graded, score card method, on the excellence of its record on Health Day. When the inspector has completed the county school unit, a county prize is award to that school giving the best co-operation in the work; a county prize is also awarded for the best knowledge of the catechism. Ordinarily an inspector can handle the usual rural school in a day, though some of the larger village or town schools require two or more days. In our first county to adopt this unit of State Board of Health work there are 57 schools, which will require practically three months. The inspector will, like the school teachers have hard work five days in the week with Saturday and Sunday

for rest and recuperation. This unit of school work as we are now demonstrating it in North Carolina, couples medical inspection of rural schools with the sanitary instruction of the entire community, young and old alike—the young through the health catechism, compositions and lectures, and the old through the lectures, but also in very large degree through the help the children of the average rural school will demand at home of the elder members of the families in learning the health catechism, and in preparing the compositions.

Some of the advantages of the unit system of county health work as follows: It affords a new source of revenue to the State Board of Health. The Board secures appropriations for its work from the legislature ordinarily only, but by this method the counties themselves contribute monies to support the work. Again the State Board unit system absolutely eliminates politics from the county health work, the State Board of Health using its own employees, under its own directions, in accordance with its own plans, to execute the units in a given county. These are pronounced advantages from the Board view point. From the county side of the proposition, it is manifest that a system that ensures a possibly better method of doing its health work is an advantage to it, besides the most important matter of the adaptability of this plan to counties. Under the unit system we hope to work out in time, a county unit of infant hygiene work; a unit of anti-malarial work, and when our pellagrologists have developed their work a little more, possibly a unit of anti-pellagrous work. In fact under this system, practically any health problem in a given county may be made the subject of efforts for betterment. When a county has tried one unit of work, another may be taken up if the county has an income sufficient to justify the expense. If a county has sufficient income, all of the various units may be worked out advantageously. Again, the introduction of a single unit may afford the beginning of public health work in a given county.

The Relation of the Two Plans of County Health Work.

Until a perfected, or model plan of whole time officer county health work has been evolved, and has sufficient endorsement by the National Public Health Service, and State Boards of Health, to compel its recognition as a standard plan of sanitation for rural communities or counties, the unit system of county health work will give more definite results, and

for less money, in the sanitation of rural communities than the whole time county health officer as working at the present time. You may ask, would I advise the discontinuing of the whole time county health officers we now have in North Carolina? No, far from it; a more earnest zealous set of men are not anywhere working out difficult problems for racial betterment than are they. But as yet there are so many new theories to be tested out in medical and sanitary science too, that thoughtful men will, with all the knowledge we now have on these matters, hesitate in extending the line of what is in part experimental work, until more definite methods are arranged for the carrying on of rural sanitation. In the meantime, let populous and prosperous counties that have already established the office of whole time county health officer, continue his services, but at the same time, let the State Boards of Health give also fair trial to the system of specialized units of public health work to the end that practical comparison of methods, results, and expense be arrived at. This of course is necessarily, only a provisional plan, to be followed for the next few years. Eventually, when methods of rural sanitation become standardized, our counties grow in population and wealth, the unit system operated by State Boards of Health, will naturally, and appropriately, give place to the whole time county health officer, but for the next five to fifteen years, the unit system, possibly, is destined to exercise a more practically helpful influence on the progress of rural sanitation than can be evolved by an adherence solely to the whole time county health officer plan which so many counties do not feel they may institute as yet.

THE CONSIDERATION OF SOME ALIMENTARY TROUBLES IN CHILDREN.*

By Dr. G. W. Choate, Rockwell, N. C.

In beginning a paper on such a broad and important subject I am overwhelmed with the magnitude of the undertaking before me. The subject assigned me by your president was Ileocolitis, but I wish with your kind permission and indulgence to discuss, not Ileocolitis, alone, as it is generally a follower of some other affection of the digestive tract, but first, in a general and brief way to go over some of the things that lead up to this disease. I shall, in all I have to say, place especial emphasis on this disease as regards children only, for of all patients, that I am called upon to minister unto, the little

ones are those I love best, and of all the specialties in the domain of medicine, that of Pediatrics lies closest my heart. There is nothing that I can recall that is more pathetic than to enter a sick chamber where the pride of the household lies sick with a hot burning fever, and rolling and tossing from one side of its cot to the other with bowel evacuations anywhere from six to thirty times in the twenty-four hours with the straining and retching attendant thereto, and the green watery stool and the vomiting and almost sudden loss of weight. It means something, and if it is not carefully attended to, it means a funeral, and that not far off. A great many of these cases die for us even if we have the most careful management and co-operation in the nursing.

First, I want to say a few words about the general term Diarrhoea. This term is used to cover all conditions attended by frequent loose evacuations of the bowels depending on increased peristalsis and intestinal secretions. The importance of diarrhoeal disease can best be appreciated by statistics showing the death rate of some other children's diseases compared with the death rate of this affection.

In New York City for five years the total death rate from the following five diseases was taken as a basis for comparison: Measles, scarlatina, pertussis, typhoid and diphtheria all combined killed twenty-three thousand three hundred and thirty children, while diarrhoeal diseases under two years of age caused the death of twenty-six thousand five hundred and sixty-three. There are several important underlying factors upon which diarrhoeal diseases depend. Their great frequency belongs to the first two years of life, after this their attacks are not as frequent nor as severe, and a fatal result is also more rare. The digestive organs are very delicate in structure and owing to the severe strain put upon them in not only maintaining life, but to assimilate enough nourishment for the needs of the growing body, they frequently raise a mutiny.

The most striking etiological factor connected with this disease in children is their decided prevalence during the summer season. Poverty and bad surroundings predispose to diarrhoea in summer, just as they do to other forms of acute diseases in the cold season. Anything which lowers the general vitality of the child increases the liability to diarrhoeal diseases. The results obtained with these affections depend upon, to a great extent, the care they receive, not only care of the person but intelligent management

of the feeding, and if we do not have the feeding carefully looked after, all methods are alike unsuccessful. I have observed during my limited practice that the mothers and the family very much exaggerate the cutting of teeth in children, as an etiological factor in diarrhoeal diseases. They will actually claim that the cutting of teeth will cause the child to have a high fever, and from eight to twenty thin green stools with mucus and even blood, besides the vomiting and terrible griping and straining at stool.

Dentition may and will cause frequently, fretfulness, insomnia, and possibly a little fever occasionally, however, I doubt it. When we accuse these mothers of giving the nursing child indigestible food, they say, "Well, Doctor, we have been feeding the baby everything that we eat ourselves and it never has hurt it." We can all remember cases of bowel trouble in children that were caused by some meddling old grandmother giving the child something to eat that she would not dare try to digest herself. I have all kinds of regard for mothers and grandmothers, and so long as they will listen to those who know best they are the grandest blessing on God's green earth, but when they take the bits in their teeth and try to make it appear that they know more than the doctor, they become a public nuisance, and I firmly believe that, in some cases, they are responsible for the funeral. The infrequency of diarrhoea during dentition in the cold season, is the best argument against its importance as an etiological factor in hot weather. Of all the causes of this trouble in children, that of feeding stands head and shoulders above the rest. The cases occurring in nursing children are comparatively rare. It is the child that is fed cow's milk that is not properly modified that gets these intractable forms of diarrhoea. Artificially fed children are almost always overfed. The common practice of feeding an infant every time it cries, or of keeping the bottle at its mouth the greater part of the time is productive of untold harm. The great majority of the attacks of diarrhoea in children over two years of age can be traced directly to improper food, often to unripe or partly decayed fruit.

Overfeeding, too frequent feeding, and the habit of giving improper food, all combine to produce a chronic indigestion which is more than likely the greatest predisposing cause of diarrhoeal diseases in children.

It is not my purpose to go into the various formulas and modification of cow's milk in feeding children, for it is a

bore to me, and I am sure it would be uninteresting to you, nor shall I take up the various methods of pasturization and the sterilization of milk, for they, I think, are only practicable in the large cities where the children live in tenements and cannot get the fresh country air and sunshine that our children enjoy here in our Southland.

Different Varieties of Acute Diarrhoea.

There are several varieties of acute diarrhoea, the most important of which I shall mention. There is the mechanical form where the diarrhoea is caused by foreign bodies, or substances taken as food which virtually act as foreign bodies, such as grains of rice, green corn, cabbage, radishes, green apples or peaches, and even onions. The irritation caused by such substances may produce only increased secretion and peristalsis by which the offending articles are removed, or, if sufficiently severe and continued it may lead to an acute attack of Ileo-Colitis, and drag on ultimately to the chronic form of Ileo-Colitis. The indications for treatment are first, to give an active cathartic and thoroughly clean out the bowels, then to allay the excessive irritation by opium, then a light diet for two or three days, and generally the patient entirely recovers if he is properly guarded and cared for. Diarrhoea from drugs is laid down as a cause, but it is, I think, rare and unworthy of our consideration at this time.

Diarrhoea From Nervous Influences.

Certain nervous impressions seem to be able to produce diarrhoea when no other factors are present, the most frequent of which are chilling of the body surface, excessive heat, fatigue, fright and dentition. The chief abnormal condition in these cases is exaggerated peristalsis. This condition is best controlled by rest and opium.

Eliminative Diarrhoea.

This term tells for itself what it is. The best known form is the diarrhoea of Uraemia.

Diarrhoea: Of Infectious Origin.

In the above enumerated forms of diarrhoea there are no pathological changes in the intestines. There is merely an altered functional activity, both motor and secretory, so that the chemistry of digestion is disturbed, and all of the infectious diarrhoeas are associated with some anatomical lesions, the extent and severity of which depend upon the nature and degree of the infection, and the duration of the process. In the mild cases, and in those of short duration though severe, the epithelial lining of the bowel is in-

volved, and nearly the whole of the intestinal tract is usually affected and often the stomach in addition. The symptoms in these cases are caused, not so much from the anatomical changes, as from the absorption of toxic substances produced in the intestines and causing the constitutional symptoms of the disease.

These cases have been classed as **acute gastro-enteric intoxication** in the more severe forms and in those of longer duration the lesions are much more extensive. The epithelium is destroyed, the bacteria penetrates into the deeper layers of the intestines producing lesions which vary greatly in character and degree. They are important as modifying the symptoms, cause and termination of the disease. These cases are grouped from the location of the lesions under the term **Ileo-Colitis**. I shall now go into each of the affections leading up to **Ileo-Colitis** in a more systematic way.

Acute Intestinal Indigestion.

In infants acute indigestion is seldom limited either to the stomach or intestines, although the disturbance in the stomach may be slight in one case, and severe in the gut, while the reverse may obtain in another case.

Etiology.

The causes are essentially the same as those mentioned under acute gastric indigestion. The use of improper food, overfeeding, sudden change of food, as in weaning, or the change from some other food to a rich breast milk.

A predisposition to such attacks is furnished by summer weather, a weak constitution, a feeble digestion, and previous attacks of any disorder in the alimentary tract.

Symptoms.

In infants, if the attack develops suddenly, gastric symptoms are generally present. If more gradual in onset, vomiting is absent. The local symptoms are colicky pain, tympanitis, and later diarrhoea. The important constitutional symptoms are high fever, prostration, and various nervous disturbances. The stools are always increased in number and are from four to twelve a day, and at first, of a more or less natural color, later changing to a greenish hue.

Diagnosis.

It is impossible to recognize an attack until the diarrhoea begins. It is distinguished from the other forms of diarrhoea by its brief duration. The nervous symptoms are usually less marked than in gastro-enteric intoxication and vomiting is less frequent.

Prognosis.

Generally good except in very young infants.

Treatment.

The same general rule is to be resorted to as in cases of gastric indigestion.

First, empty the bowels as completely as possible of all decomposing or irritating masses of food. This is best accomplished by the mild chloride of mercury and bicarbonate of sodium, followed by castor oil in six hours. Withhold all food for twenty-four hours. Give cold, or in some cases, tepid water that has previously been boiled. If prostration is great, give stimulants, of which strychnine and brandy, are claimed to be among the best. After the bowel is entirely empty of offending materials, opium in some form is indicated to control the excessive catharsis. Dover's powder in 1-4 grain doses after each stool, for a child a year old will generally suffice.

The most difficult part of the treatment is to get back to a diet that is tolerant to the injured digestive organs after an attack of this kind and here is where the adept at milk modification and pasturization will come in. I confess frankly to my inability to any great extent along this line. We must begin by giving the food well diluted, and gradually increasing the strength, until the food is raised to a standard of not only maintaining the system of the child, but to furnish something extra upon which he may build bone and sinew, and better equip himself for the hard battles of after life.

Acute Gastric-Enteric Intoxication.

(Summer Diarrhoea, Cholera Infantum.)

This form of alimentary trouble stands midway between acute indigestion and Ileo-Colitis. It is the one that is so prevalent in hot summer weather and occurs regularly each season. This form of diarrhoea may follow closely upon an attack of acute indigestion in which it very often has its incipency.

Etiology.

The causes are practically the same as those of acute indigestion. Some of the things that predispose to this trouble are age, surroundings, constitution, food and methods of feeding.

The most striking thing about these cases is their prevalence during hot weather. The universal view now held is that summer diarrhoea is of infectious origin. There is no specific organism but the absorption of toxins from the damaged bowel is sufficient cause for the symptoms.

Lesions.

To the naked eye there is usually not much to be observed, except the parti-

cles of food and yellow or green material often very offensive and resembling the stools in character. The mucus membrane of the stomach may show intense congestion, generally in patches.

Microscopically.

The essential lesion is situated in the epithelial layers of the stomach and intestines. The cells may still be present, but with the cell protoplasm and nuclei so changed that they do not stain normally. Bacteria are found in the epithelial layers, and in the upper portions of the Crypts of Lieberkuhn. In the severe and prolonged cases, the superficial epithelium in places is entirely destroyed, and through such breaks the bacteria can be seen penetrating into the deeper structures of the intestines and in the lymph nodes of the mesentery. Peyer's patches and the lymph nodules, may be enlarged from cell proliferation. There is apt to be some hemorrhages from the small vessels and exudation of leukocytes in their neighborhood.

Cases Without Diarrhoea.

Attacks of this disease in which there is constipation instead of diarrhoea are rare, but most puzzling and frequently result fatally. They may have the high temperature, grave nervous manifestations, abdominal distention, the intense prostration, and all the characteristic signs of a severe infection, except the diarrhoea. I can now recall one such case of this class, in which I am frank to confess, to my brethren in the profession only, that I never satisfied myself of the diagnosis until the child had been beneath the sod for nearly a year, when talking it over with one of my former professors, it was suggested to me, and now I am sure that it was one of these rare cases.

Diagnosis.

High temperature, nervous disturbance, very offensive stools of a fluid consistency, and the fact that these attacks occur in hot weather is sufficient upon which to establish the diagnosis. These attacks may begin similar to the acute febrile diseases in infancy, so we have to determine whether the digestive symptoms are the cause, or the result of the fever. After the case is watched for forty-eight hours it is generally easy. When nervous signs are exaggerated at the outset it may very closely simulate meningitis.

Prognosis.

The simple cases do not often prove fatal except in the very young or the very weak. In the severe cases it resolves itself into this question: Can I arrest the attack before serious intestinal lesions

are brought about? If I can, the prognosis is good: if I cannot, it is grave.

Prophylaxis.

City children should be sent to the country during hot weather, if only for a week, it is very helpful. It gives the fellow a new lease on life, and he can better ward off any kind of sickness, especially bowel troubles. Then the food and feeding is second in importance. The mother should, by all means, be encouraged to nurse her child if she is physically able and can supply the needed amount for the sustenance of the baby. The common practice among the laity of giving to nursing children food that is absolutely indigestible in their little stomachs, is criminal and should be considered a misdemeanor, and punished by fine, or imprisonment, or both. A child should have water to drink every half hour on a hot day. I firmly believe that there is not one child in fifty that is given enough water to drink. They cry and fret from thirst and heat much more often than from hunger, and children should be fed less food in hot weather and the feedings should be farther apart.

Second, only in importance to proper food, is the education of the poor, in all matters relative to infant hygiene. Fresh air is very essential in summer for all diarrhoeal diseases. Bathing is of utmost importance not only to reduce fever but for cleanliness and to allay nervous symptoms.

Dietetic Treatment.

Do not give any food for the first twenty-four hours, or while the vomiting continues. The child should not be allowed to nurse more than half as much as the usual quantity. Between the nursings may be given barley water, albumen water, or some of the especially prepared foods, Mellen's or any of the best, of which there are a number. Broths made from the cereals, chicken, rice and liquid peptonoids, are to be resorted to. Cow's milk should be used sparingly, if at all.

Medical Treatment.

We can hardly do better than to imitate and assist nature in her treatment of this condition. Let us consider what this is: lest too much food be swallowed, appetite is taken away, therefore do not give much or no food until the appetite is restored.

By vomiting the stomach is emptied, and if we are not positive that the vomiting has emptied the stomach, we should assist by washing out the stomach with normal saline solution. To neutralize the acid poisons, in the intestines, an al-

kaline serum is poured out from the intestinal walls, and to aid this part of the alimentary tract, only cathartics are available, except in the colon, we may use irrigations. Calomel, castor oil and salines are the best drugs for this condition, and enough of them should be taken to thoroughly clear out the whole intestinal tract. Calomel 1-4 grain every hour until six or eight doses are taken, followed by castor oil in four to six hours as the case in question may require, is a time honored method to begin with. All other drugs are of secondary importance and it is almost a toss up which of the innumerable host, that is recommended for these conditions, is best to use. None are specific, if the weather continues hot and sultry. Drugs are not made for children anyway, and the fewer doses they swallow the better, unless we have a specific need for them. Bismuth, salicylate of soda, salol, Dil. HCL. lime water, bicarbonate of soda, magnesia and chalk mixture may be employed.

The sulphocorbolates also have a place here, too, I think. Opium in some form is required in many cases, but requires close discrimination in its uses, and is only admissible after the bowels are rid of all fermenting food and debris of all kinds.

Dover's powder, paregoric, and Deod. Tinct. of Opium are all used to advantage. Stimulation is required in most cases. Brady, strychnine, and strophanthus are good. However, no matter how strongly we believe in a drug, or combination of drugs, if it disturbs the stomach it is worse than useless.

Cholera Infantum.

This may be regarded as only one clinical type of acute intestinal intoxication, yet it differs from the others sufficiently to deserve special study. It is not the most frequent form, for which we may well be thankful. It is more closely connected with impure milk than any other form of diarrhoea, and this may be due to some poison developing in the milk before its digestion, or in the stomach and intestines after the milk is taken. The symptoms are due to the effects of the poison upon the heart, nerve centers, and the vaso-motor nerves of the intestines. Cholera Infantum rarely occurs in an infant previously healthy, but generally follows some intestinal trouble, as does Ileo-Colitis follow this disorder. The development of choleraic symptoms is usually very rapid, and a child who perhaps has been regarded as scarcely ill enough to require the services of a physician may be brought in the course of five or six hours to death's door. Usually the pros-

tration and high temperature precede the vomiting and purging, by a few hours, however, the vomiting and purging may be the first to cause alarm. The vomiting is very frequent and often continues until the stomach is empty, and serum and mucus and finally bilious matter, is vomited, and vomiting is easily excited by taking food or drink. Stools are frequent, large, fluid, of a pale yellow or brownish hue in the beginning, but later losing color and are serous in nature. Microscopically, the stools show large numbers of epithelial cells, some round cells, and innumerable bacteria. Loss of weight is more rapid than in any other disease to which childhood is heir. The prostration is great at the outset, and the face shows that a profound impression is being made upon the system of the patient. The eyes are sunken and the mouth drooping and a peculiar pallor, with an expression of anxiety that overspreads the whole countenance. In the early stages nervous irritations exist while in the later stages these symptoms give place to dullness, stupor, relaxation and coma or convulsions. The temperature ranges generally from 102 to 104 5-10. The pulse is always rapid and very soon it becomes weak and often irregular, and finally almost imperceptible. Respiration is irregular and frequent, and may be stertorous. The tongue is generally coated at first, but soon becomes dry and red, and if often protruded.

There is unquenchable thirst but as soon as liquids are taken they promptly come back. In the fatal cases there is a temperature of 104 to 106 toward the end, with a cold clammy skin, stupor or coma and convulsions, and finally death. In the severe cases that recover the temperature may be normal, or even sub-normal, abdomen retracted, the muscles of the neck drawn back, pulse feeble, irregular and intermittent. From this condition there are three terminations, one of which is sure to take place: Recovery, or the lapsing into Ileo-Colitis, or these little patients will add one to that innumerable host of angels in that house not made with hands, eternal in the heavens. I am sorry to say that the latter takes a much larger toll than either of the former. I think we can safely say that 60 per cent. of the cases of true cholera infantum result fatally.

Treatment.

The one fact that everything most in the pharmacopeia has been recommended for this condition is proof sufficient that they all fail in the majority of cases. However, we, as doctors, are called upon in no uncertain terms, to render aid, and

we must do it right now, else it will be too late.

There are five main indications for treatment.

First—To empty the stomach and intestines, and this can best be accomplished by stomach washing and rectal irrigation and a large dose of castor oil.

Second—To neutralize the effect of the poison upon the heart and nervous system. The hypodermic use of morphine and atropine 1-50 and 1-600 grain respectively, for a child one year old, are recommended as an initial dose to be repeated every hour or two until the desired effect is obtained.

Third—To supply fluid to the blood to make up for the severe drain of the discharges. This is best accomplished by hypodermoclysis. Inject one-half pint normal saline every twelve hours into the cellular tissues of the thighs or back.

Fourth—To reduce the temperature, and for this, baths are very beneficial. Ice cap to the head to keep down the nervousness as well as the fever. Cold water injections are recommended by some authorities. Cold baths are very beneficial also, and should be repeated every two or three hours, if necessary. Brandy, camphor and ether are recommended as stimulants, but camphor alone is best of all, in my personal opinion.

The diet and nourishment gone into in detail for the treatment of acute intestinal indigestion applies equally well in this condition, after the most severe symptoms have subsided.

Ileo-oClitis.

This term is a general one embracing those forms of intestinal disease in which the more serious lesions are present. In gastro-enteric intoxication recovery or death takes place before anything more than superficial changes have occurred, while in Ileo-Colitis the pathological process continues until there have been produced marked lesions often involving all the walls of the bowel.

Etiology.

The predisposing causes of Ileo-Colitis are those common to diarrhoeal diseases in general, and have already been discussed. It may, and frequently does, follow some of the infectious diseases, especially measles, diphtheria and broncho-pneumonia. The only bacterium that is capable of causing this condition is Shiga's Bacillus. Flexner established this same bacillus associated with dysentery in the Philippine Islands in 1900 and 1902. This disease affects the lower portion of the Illium and Colon. The lesions of the Illium usually affect the lower two or three feet. These lesions are divided into

four forms.

First—Follicular Ulceration.

Second—Catarrhal Inflammation.

Third—Catarrhal Inflammation with Superficial Ulceration.

Fourth—Membranous Inflammation.

The name of each one tells in a general way the structures involved.

Symptoms.

In catarrhal cases of moderate severity, the onset is sudden with vomiting, pain, distention, fever, and frequent thin green or yellowish stools at first, and later, they contain mucus and blood. Tenesmus is severe, Prolapsus Ani is frequent, and may occur with every stool. In the severe catarrhal forms the child may die in two or three days. The temperature is very high an dthe child has all the symptoms of being dangerously sick. If he can overcome the first few days he may linger for three or four weeks and finally dies, or get well slowly and by inches.

Diagnosis.

This disease is to be differentiated from typhoid fever intussusception and meningitis which usually is comparatively easy.

Prognosis.

It is much more apt to result fatally in the very young than in older children. Summer cases are only out of danger when cool weather comes in.

Prophylaxis.

What has been said of some of the preceding diseases concerning prophylaxis applies equally well in this condition.

Treatment.

The treatment, in a general way, is practically the same as of the chronic forms of intestinal indigestion, except it has to be kept up much longer, as a rule, and I shall not burden you with a detailed description of a treatment that has previously been considered at length.

*Read before the Rowan County Medical Society at its September, 1915, meeting by Dr. G. W. Choate, Rockwell, N. C.

APPENDICITIS.*

By W. B. Russell, B.S., M.D., Soochow, China.

In 1827 L. Melliér described appendicitis and said: "If it were possible to establish with certainty the diagnosis of this affection we could see the possibility of curing the patient by operation. We shall, perhaps, some day arrive at this result." To-day we know his words were prophetic, for the knowledge of the symptoms has become so general in America that typical appendicitis is often diagnosed before the doctor sees the patient.

*Read before China Medical Missionary Association, Shanghai.

But I fear that even the profession does not realize the enormous number of people who have had appendicitis. Toft recorded 500 autopsies and in 36 per cent. of them there were positive signs of past attacks. Taking into consideration the results of recent research, especially in helminthiasis, etc., it seems hardly reasonable that the percentage of appendicitis should be less in the Chinese.

Time does not permit us to discuss the many names, as typhlitis, peri-typhlitis, para-typhlitis, inguinal abscess, etc., under which appendicitis has masqueraded. These are to-day no longer recognized as pathological entities. Appendiceal colic, however, deserves a word, for it is a term for appendicitis, when there is no peritoneal involvement, that has been responsible for much injurious delay and conservatism. When the surgeon operates in some of these so-called "appendiceal colic" cases and finds a gangrenous appendix, thereafter he must consider any case of appendicitis or, if you please, "appendiceal colic" as warranting serious attention. Just as Dr. W. J. Mayo has demonstrated "innocent gall stones" to be a myth so likewise "innocent appendiceal colic" is coming to be recognized, at least by our best surgeons, as no less mythical.

Appendicitis is rare in infancy and is seldom seen in extreme old age, but neither age nor sex is exempt. It is more frequent in the male, and especially in the young male adult, than in the female, perhaps mainly on account of blood supply, but partially no doubt, due to habits of life. In the male the appendix gets its blood supply from the appendiceal branch of the superior mesenteric artery, while in the female it usually gets an additional branch from the ovarian through the appendiculo-ovarian ligament. However, in any case while the cause may be looked for in some infecting organism, as staphylococcus, streptococcus, colon bacillus, etc., the anatomy of the diverticulum itself is a predisposing factor. The delicate veins of the appendix, devoid of valves as they are, rupture easily when the organ becomes actively congested and the appendix, with its mesoappendix, is so freely movable that the possibility of kink with interference in the circulation to the extent that rapid gangrene sets up, is easily appreciated by the surgeon, although we grant that the affection is most often due to some extension of the diverticulum from a catarrhal or other disease condition of the caecum.

There are certain symptoms which when combined enable us to diagnose appendicitis with certainty. These symp-

toms and especially the order in which they occur, as pointed out by Dr. J. B. Murphy of Chicago, are pain, nausea or vomiting, local tenderness with muscular rigidity, and pyrexia. The pain is always worse about three to six hours after the onset of the disease, somewhat colicky in character and is nearly always referred to the epigastrium at first. It is usually associated with a flatulent condition of the caecum and ascending colon. The pain usually subsides and becomes localized to the appendix in whatever position or situation it may be, usually at McBurney's point. The nausea and vomiting that occurs early is due to distention of the appendix, and resembles that due to hepatic or renal colic, but if it occurs late it is due to peritonitis and is therefore a symptom of serious import. The tenderness, at first more or less diffuse, with perhaps slight rigidity, later becomes localized to the appendix, with increased muscular rigidity. The pyrexia is always present at some time during an attack of appendicitis, but sometimes it is very slight and coming on early soon after the onset of the attack and disappearing, may pass unobserved. The temperature is rarely very high and when the inflammation is subsiding returns to normal by lysis in one, two, three, or four days. In case of crisis in the fall of the temperature, with an accelerated pulse, suspect gangrene or rupture of the appendix. In cases where there is doubt or from any cause you may think any of the above symptoms masked, always make a leucocyte count to confirm your diagnosis. The chronic case that may present itself as chronic indigestion or other vague trouble in the right side is not so easily diagnosed, but history of an acute attack will usually be forthcoming which helps in clearing up the case. In some of these chronic right-sided cases, however, you will be lead to suspect gall bladder trouble or chronic pyloric ulcer together with trouble in the appendix and with the very best diagnostic skill find diagnosis impossible without exploratory operation. In these cases all we can conscientiously do is to diagnose the case as surgical.

The rational treatment of appendicitis is surgical. To attempt to treat the disease with drugs is futile, as you can only treat the symptoms, and by so doing may mask the cardinal symptoms in such a way as to render diagnosis impossible. In some cases, as we have shown, it is very difficult to diagnose appendicitis, even when no opiates or other drugs have been given, but when the diagnosis has been established definitely there is but one treatment—that is by operation.

Our operative procedure should be governed by the conditions present, but with due conservatism we should always remove the appendix, of course always avoiding undue traumatism to the tissues and the breaking up adhesions that may allow infection to spread to the general peritoneal cavity. Adequate drainage should be introduced in all pus cases where the peritoneum has been soiled and should usually be left in from four to six days. In cases where the general condition of the patient precludes a general anaesthetic, spinal analgesia with novocaine, etc., or local anaesthesia with H. M. C. may be employed. Having been with Dr. Öchner in Chicago, we might be expected to have some hesitancy as to immediate operation, especially during the dangerous period so ably marked out by him, but our experience so far has taught us that careful handling of the tissues at operation, followed by Fowler's position and the continuous normal saline proctoclysis, known as the Murphy drip enema, warrant our insistence upon immediate operation here also. The surgeon who delays operation will have serious cause for regret with some of his cases.

We will take your time, now, to refer to one case of our recent series in America. Jackson, Tennessee, T. B., male, age 17, worked Monday, March 30th, 1914, and started to his work (awning maker) Tuesday, but felt a little bad, with some colicky pains in his abdomen, followed by nausea, and his mother told me on my inquiry, that he had a slight rise of temperature Tuesday afternoon, detected by her thermometer when she gave broken doses of calomel followed by movement of the bowels. The mother called me on Wednesday afternoon, April 1st, to see patient's little brother with pneumonia, when she remarked that her oldest son was complaining, so I asked to see him while there. His temperature then registered normal with pulse 90, and he expressed himself as feeling very well and as not having been "much sick." There was slight tenderness just below and to the outer side of McBurney's point with no mass and he could straighten and flex the right leg without pain also rectal examination was found negative. I told the mother I suspected appendicitis but would see him again in a few hours. At seven p. m. my colleague, Dr. John A. Blackmon, saw him in consultation with me and confirmed my diagnosis, when operation was granted, so ambulance was summoned and we operated at nine p. m. At operation we found the appendix in position indicated by the tenderness, but

kinked upon itself and gangrenous right down to the caecum. Appendix was removed by purse string operation and drainage tube introduced down to the caecum. Patient made an uneventful recovery and several weeks afterward when I saw him expressed himself as not having felt so well in six months.

Next, in pursuance of the Program Committee's demand for report of clinical cases in the Chinese, not having data at hand of work formerly done while in charge of the Methodist Hospitals of Nanking and Wuhu respectively, we are glad to be able to call your attention to a few cases from the Soochow Hospital file of charts of work done by Dr. John A. Snell.

Case No. 1. Name Zau, farmer, entered hospital August 30, 1913. History of pain all over abdomen for eight days previous to operation and given 50 c.c. of castor oil. On entrance temperature registered 101 degrees Fah., with a large mass evident in appendiceal region which was very tender on slight pressure. At operation same day of entrance, incision over center of mass gave a large amount of foul-smelling pus and necrotic material a piece of which was taken for the sloughed off appendix. Cavity was packed with iodoform gauze. Fecal examination showed eggs of ascaris lumbricoides and schistosoma japonicum. Santonin was given. Foul discharge continued for a few days but patient had a satisfactory convalescence and left hospital September 13, cured.

Case No. 2. Tah, age 7, farmer's son, five years had suffered with severe pain on urination on account of which had cried a great deal. Examination showed right inguinal hernia the size of a goose egg and easily reducible. Sound showed bladder stone which was felt clearly on rectal examination. As little fellow was in poor condition for operation Crile's anoci-association was used at operation. Chloroform $\frac{1}{2}$ oz. was used as general anaesthetic with quinine and urea hydrochloride locally. Fecal examination showed ascaris lumbricoides in abundance so santonin given before operation had good result. At operation hernia was taken first when in process appendix five inches long appeared in hernial incision. Appendix was enlarged and indurated and diagnosed to have a worm in it. Removed easily by ordinary purse-string operation; after removal was found to contain three pieces of round worm. Stone weighing 45 grams was removed from bladder suprapubically after hernia had been completed. After operation patient had very little shock and almost

no pain. Temperature went to 100 degrees once but had uneventful recovery.

Case No. 3. Nyi, age 17, student in Soochow government school, entered hospital March 2, 1914, with history of a severe attack of pain in abdomen one year previous. Recovered in about two months but had had abdominal pain more or less for the entire year previous to entrance. One month previous to entering hospital had another acute attack of severe abdominal pain and fever with a tender mass in right iliac fossa. Had improved during the month, temperature registered normal on entering, but presented a distinct mass, very tender on pressure, in right iliac fossa. His walk showed a limp in right leg. Fecal examination showed *ascaris lumbricoides* in abundance and *santonin* was given previous to operation with good results. Operation, March 6, 1914, usual incision, omentum strongly adherent to appendix. These adhesions broken up and tied where necessary, appendix which presented a scar where it had doubtless ruptured in first attack, was removed from mass of adhesions with great difficulty when operation was completed by usual purse string operation. Cigarette drain was introduced in closure and left in 48 hours, followed by uneventful recovery. Temperature reached 99.4 degrees once. Patient left hospital 18 days after operation having been kept in a few days longer on account of his general bad condition.

Case No. 4. Kwen, age 18, student Episcopal Mission Academy, Soochow. Four days before entering hospital was taken with severe pain in abdomen that gradually became localized to appendiceal region. On day before entrance he was given a dose of castor oil after which pain became less but localized to right iliac region. Fever was present from beginning of attack. Examination night before entering hospital showed marked tenderness over appendiceal region together with a distinct mass. Patient gave a history of a similar attack three years previous to this one. Operation by Drs. Hiltner and Snell, September 28, 1914 (temp. 99.2 deg.); incision was made directly over mass. End of appendix bound down with adhesions and twisted in middle, was very long appendix, base cut, cauterized with carbolic acid and closed with purse string. Wound closed without drain. Examination of appendix after removal showed a fecal concretion and also a small abscess just ready to rupture near distal end. Convalescence: on fifth day a small abscess ruptured in line of closure and discharged

pus. It, however, proved to be superficial and closed by tenth day. Patient was discharged from hospital on October 24, cured.

Case No. 5. Dung, teacher, well to do family in Soochow. Dr. Snell was called to see patient several times in his home when operation was urged, the diagnosis of appendicitis having been made in spring before entering hospital, but was refused. At time of entering hospital patient had marked indigestion with more or less constant abdominal pain and gave a history of having suffered in this way for the past several months, his symptoms becoming more marked at intervals. Examination at this time, September 20, 1913, showed marked tenderness in right iliac region but no mass and no temperature, however, was confined to his bed as an invalid at this time. One year previous had spit blood and had been given a diagnosis of pulmonary tuberculosis. On entrance examination of feces and sputum negative but had a suspicious focus in one lung. Urine, Sp. Gr. 1010, color bright, albumin and sugar negative. Operation September 25, meantime being spent in a family quarrel while patient was having an acute exacerbation of his symptoms, chloroform anaesthesia, usual incision, appendix size of Dr. Snell's little finger, badly inflamed and indurated with glands enlarged but no adhesions, usual purse string operation done. Convalescence was uneventful and patient showed marked improvement in his general health following operation. June 1914, however, pulmonary tuberculosis was diagnosed by Dr. Snell as the bacilli were found in his sputum. Patient had no further abdominal symptoms up to that date.

Case No. 6. Ch'ang, age 29, entered hospital August 27, 1912, having been seen five days before in clinic with severe pain over region of appendix and fever. Castor oil was prescribed. Day before entering hospital was better so took food which caused severe pain. On entering, temperature registered 100 deg., pain severe, oil given with some improvement in symptoms. Feces negative, white blood corpuscles 16,000, differential not recorded. Operation September 3, appendix badly inflamed and enlarged, was removed by usual purse string procedure. On 8th day after operation patient was jaundiced which cleared up with calomel, otherwise convalescence was uneventful and patient left hospital on 17th day after operation, cured.

Case No. 7. Zau, age 33, opium smoker, gave history of an attack of severe pain in abdomen two and one-half months

before entering hospital, August 23, 1913, when he presented a mass in the appendiceal region very tender on pressure and which was diagnosed appendiceal abscess. Temperature was then 99.4 deg. Fecal examination after operation showed *ascaris lumbricoides*. Operation same day entered hospital, one inch incision directly over mass set free a large amount of foul-smelling pus, whose cavity was well walled off from general peritoneal cavity. Abscess cavity was wiped out and packed with iodiform gauze. Antipodium treatment was given immediately after operation and patient was dismissed September 14, cured.

Case No. 8. Sih, age 29, entered from clinic with diagnosis of tubercular sinus which was treated with tr. of iodine with no improvement. History of trouble began one and one-half years before entering hospital with pain in right side of abdomen and inability to extend right leg. Two months before entering hospital an abscess ruptured in middle of right lumbar region and had run pus ever since. Pain much better after rupture of abscess. Feces, *ankylostoma duodenale* and *ascaris lumbricoides*. Operation for sinus, June 27, 1914, curetted and packed with iodiform gauze but as it extended down into the right iliac fossa Dr. Snell was so deeply impressed that source of trouble was abdominal that patient was turned over and abdomen opened over appendiceal region. Remains of appendix was found to consist of a stump one and one half inches long bound down posteriorly, glands were enlarged, and condition convinced Dr. Snell that patient's trouble had originated in appendix. Convalescence was satisfactory, patient going home July 22, cured.

Before closing, I desire to thank Dr. Snell for allowing me to use Chinese cases reported and to say he did not see my copy as he was out of city at time I copied them.

In concluding: We urge, (1) that careful observation and analysis of all abdominal pain cases be made, including previous history, and that all opiates and other drugs that may mask the symptoms be withheld, at least, until a diagnosis can be made; (2) that when a definite diagnosis of appendicitis is made, immediate operation be insisted upon; (3) that at operation the appendix be always removed, if possible, with due conservatism in the handling of the tissues and the breaking up of adhesions that might otherwise prevent the infection spreading to the general peritoneal cavity; (4) that with failure of diagnosis exploratory operation with right rectus in-

cision, as used in Mayo Clinic, be seriously considered in all indefinite chronic cases of right-sided abdominal trouble; and (5) that careful after-treatment, with the patient in Fowlers' position and the continuous normal saline proctoclysis, be religiously followed out.

Soochow Hospital.

THE ACUTE ABDOMEN.*

By Will F. Clary, M. D., Memphis, Tenn.

In the short time allotted to me, it will be impossible to consider this subject in a detailed manner, as much time could be consumed upon each acute disease of the abdomen. It is not my purpose to take up your time in enumerating well marked, text-book symptoms of the various abdominal diseases. For in this day and time when these diseases are ushered in by the usual eloquence of symptoms, few mistakes in diagnosis are made.

Allow me to picture for a moment what I regard the acute Abdomen. It is a picture of peritoneal shock by the sudden appearance of some grave intra-abdominal lesion. The patient is suddenly taken with severe, lancinating pain, felt generally all over the belly, but occasionally referred to epigastrium, or umbilical region. With the pain comes nausea and vomiting of the stomach contents. The pulse is rapid and weak. Respiration is rapid, shallow and costal in type. The temperature falls with a tendency to become abnormal. The skin is cold and clammy. The face is drawn and anxious. The patient lies on the back, with knees drawn up. Muscular rigidity is general and marked, often board like. There is an absence of distention.

At times we have all doubtless seen this distressing picture, and this picture is the immediate fore-runner of a violent septic peritonitis provided the patient survives the shock, and morphine usually overcomes the shock. But let us not be led into false hopes by the use of this drug. Use it merely to overcome the shock; and recognise that we have a severe surgical lesion which demands immediate intervention.

It may be a gangrenous or perforated appendix, a gangrenous gall-bladder, or gall-stone colic, or pancreatitis, a perforated gastric or duodenal ulcer, a ruptured extra-uterine pregnancy, a diverticulitis a strangulated ovarian cyst, a strangulated, or invaginated gut.

Indeed we are fortunate if we have localized tenderness over any particular

*Read before the Third District Medical Society, Forrest City, Ark., November 19, 1914.

organ, or by a clear history we may detect the offending organ where the physical examination has failed.

If we will regard the symptoms of sudden severe abdominal pain with nausea and vomiting followed by tenderness and rigidity and rapid pulse as a distinct surgical entity regardless of the cause and insist upon immediate surgical interference, we will materially reduce the number of cases of acute peritonitis, and the death rate in grave abdominal diseases.

I may have overdrawn the picture, as we may see it without such marked depression, and yet be confused by the abdominal symptoms which are common to so many diseases. Consider for a moment contusion of the abdomen. It is a difficult matter to decide just to what extent contusion alone is responsible for the symptoms or have we present an intra-abdominal hemorrhage. If the patient is too fat, we may detect movable dullness in the flank, due to intra-peritoneal hemorrhage. If operation is not performed promptly, there is little hope for recovery. In a case where the contusion is severe and we suspect a rupture of the stomach or intestines, the symptoms will not be clearly marked, but if pain and muscular rigidity persist and the leukocytes rise, exploratory operation should be done within six hours.

I am aware of the responsibility which these acute cases place upon the attending physician. Prompt assumption of this responsibility has wrought many brilliant results. This responsibility based upon prompt decision will never weigh as heavily upon us, as will the results of twenty-four or thirty-six hours procrastination.

HOOKWORM HISTORY SCHEDULES OF TWO MALE PATIENTS TREATED WITH THYMOL AND OIL OF CHENOPodium, AT THE U. S. MARINE HOSPITAL, WILMINGTON, N. C.

By John J. S. Schmitt and L. de K. Belden.

Introduction—The publication of these histories has two points in particular in view, namely: (1) to place on record certain results obtained in the use of oil of chenopodium, and (2) to show the schedule method that has been in use for several years at the United States Marine Hospital in Wilmington in taking clinical histories of parasitic infections.

Our schedules consist of a three-page printed sheet of catch words that represent the characters or symptoms it is desired to observe. These words are "checked" in case of positive findings and

crossed out in negative findings. While the resulting diction is not always so euphonic as in some other plans that are adopted, the schedules have the advantage of uniformity and completeness, so that in a large series of cases the separate symptoms can be more easily compared than is usually the result in clinical histories taken by different observers. There is nothing new in principle in the plan but, so far as can be judged from literature on hookworm disease, its application and details represent several departures from usual procedures. While in charge of the Marine Hospital at Wilmington, I assigned cases to my different associates in order to test the schedule system rather thoroughly in hookworm infection and I now purpose to publish several of these histories in various medical journals in order to give the system, as applied to hookworm disease, a wider publicity.

C. W. STILES.

CASE NO. 22. UNCINARIASIS. TREATED WITH THYMOL AND OIL OF CHENOPodium.

By John J. S. Schmitt, M. D., Acting Assistant Surgeon.

W. S., from Columbus County, N. C., admitted August 4, 1914, at request of local physician.

Patient is a white boy, about 13 years old, does not know his birthday. Brother of Case No. 23.

Family History.—Native born, white. Father living, a farmer, health good. Mother died five years ago, supposedly of measles. Brothers, three living, all said to be well; two brothers dead, one of pneumonia, cause of death of other unknown. Sister, one living, said to be well. All work on farm. No history obtainable of cancer, heart disease, tuberculosis, rheumatism, or nervous troubles. Home without privy or sewer of any kind.

Personal History.—Height, standing, 4 feet 8½ inches. Weight, 70 pounds.

General health poor, frequent coughs and colds, history of tonsilitis, typhoid, and whooping cough; history negative for chicken pox, chorea, convulsions, diphtheria, influenza, malaria, measles, mumps, pneumonia, rickets, scarlet fever, small pox, vaccination, chewing, dipping, and smoking. Ground itch in 1912; never treated for hookworms.

Physical Examination.—General appearance fair; apparent age twelve years; personal hygiene poor; emaciation slight; head large; hair medium, oily, rough, abundant; no pediculosis.

Eyebrows fairly well developed; pupils normal; reaction to light and accom-

modation good; convergence, sclerae and conjunctivae normal; eyes negative as to glasses, exophthalmos, von Graefe, stare, strabismus, nystagmus, night blindness, blepharitis, and trachoma; eyesight good, right and left.

Ears normal in shape, negative as to pain, discharge, and perforation; hearing good.

Facial expression pinched but bright.

Trunk symmetrical, except for slight scoliosis, negative to kyphosis and lordosis. Shoulders rounded, right lower than left; clavicles prominent, fossae rather deep; scapulae rather winged. Abdomen protuberant, resembling a "pot-belly"; girth 64 cm. at umbilicum; walls soft and flabby, recti show loss of elasticity; no tenderness on deep pressure, no mass felt, no hernia.

Arms and legs normal; no joint pain felt.

Skin normal but sallow, not jaundiced or atrophied; no night sweats, ulcer, Tinea, acne, or *Pediculus vestimenti*.

Edema none.

Muscles medium; infraspinalis underdeveloped; grip good; right handed, dynamometer not taken.

Thyroid, cervicals, epithrochlears, inguinals, and popliteal glands not palpable.

Respiratory System.—Speech clear, slow, not drawing or stuttering. Mouth-breathing slight.

Nose with normal skin, negative as to epistaxis, discharge, and obstruction; wide breathing space. Tonsils, left enlarged and cryptic but without exudation at time of examination, right slightly enlarged; no membrane in throat.

Chest elongated and slightly flat; respiratory rate 20; at inspiration 67 cm., at expiration 65 cm., thus giving an expansion of 2 cm.; spirometer not taken. Vocal fremitus, percussion resonance, breath sounds, and whispered voice normal; no rales, bronchitis, hemoptysis, or expectoration.

Circulatory System.—Pulse 72, volume fair, tension low, irregular in force and rhythm, vessel wall easily compressible; systolic blood pressure 80. Pulsations not visible; heart normal in size, apex beat punctuate, inside nipple line in fifth interspace, sounds muffled, irregular, slight blowing soft systolic murmur heard at apex but not transmitted. For blood counts see below.

Digestive System.—Lips pale, no herpes; tongue coated; teeth slightly decayed, uncared for; gums normal. Appetite good, prefers sweets to sour. Patient has suffered with occasional nausea and vomiting, but is negative as to gas-

tric pain, tenderness, heartburn, heme-temesis, and eructations. Bowels regular. Stools show hookworm eggs.

Nervous System.—Sleep good, but some restlessness which soon passes off; tendency to somnolence; talks, dreams, and grinds teeth in sleep. Headaches at times with dizziness; nervous disposition.

Reflexes.—Periosteal, radial, biceps, and triceps present; abdominal and cremasteric normal; knee jerk active; Babinski, Oppenheim, and Gordon reflexes negative.

Genito-Urinary System.—Claims to urinate three times per day, without pain or difficulty, no bedwetting. Pubic and axillary pilosity undeveloped. External genitalia apparently normal.

Treatment.—The routine hookworm treatment of the U. S. Marine Hospital, Wilmington, has been slightly modified in my study of twenty-five cases this summer.

The diet for twenty-four hours preceding the administration and on the day of treatment consisted of: **Breakfast**, coffee, light bread, and eggs (soft fried); **Dinner and Supper**, Potatoes, boiled rice, light bread, eggs, tea, and fruit sauce.

Vegetables are not given, as the fibrous and cellulose tissues are not digested, and hence tend to protect the worms from the drug and later render the search for the adult worms in the stools more difficult.

In such a preparation of the patient and by purging the evening prior to taking the drugs, the stools are readily and efficiently examined.

Heretofore thymol has been extensively used in the U. S. Public Health Service. Administered in divided doses according to age and physical condition, usually in $2\frac{1}{2}$ or 5-grain capsules.

The first dose of thymol is given at 6 a. m., followed by the second and third doses at one hour intervals, the last of which is followed after two hours' time by magnesium sulphate.

The patient arises late that evening, probably after supper, with a lack of interest in his surroundings, with lassitude and a feeling of weakness. These disagreeable after-effects were studied by Stiles and Boatwright, who found practically one-half of their cases treated with thymol suffering from unpleasant symptoms. The greater number of our parasitic infected patients are children, and it occurred to me if it were not possible to use some drug to lessen repulsiveness of the treatment for the child. It occurred to me that *oleum chenopodii* (American worm seed), which has been the old domestic drug for the removal of worms,

might be efficient in removing *Necator americanus*. With the consent of Professor Stiles I immediately undertook to treat eight cases present in the hospital at this time. Four of the eight cases, within one week's treatment, contributed 1,420 hookworms; the other cases were of light infection or previously treated with thymol. From a boy six years old were removed, in three days, 60 *Ascaris lumbricoides* and 640 hookworms. The doses of the oil varied with the age, being about ten minims for each five years.

The drug was administered in one capsule one hour after breakfast, and this was followed by magnesium sulphate one hour later. The patients were able to rise for dinner and remain out of bed. The most interesting feature observed was the alertness and anxiety to get out of bed, in comparison to the sluggishness and non-ambition of the thymol cases.

This administration is repeated for three days and then stopped, as excessive purging and accumulative effects of the drug are desired to be avoided. There has been no toxic symptom in any of our cases. On the contrary, the patient who had both thymol and chenopodium preferred the latter, as it does away with the early morning doses, the unevenness of the stomach, at times headaches, and it permits a diminution in the number of capsules, as only one dose is given each day. No worm seed has been administered at night, as I was anxious to observe the pulse, respiration, and blood pressure (but these were not materially influenced) and also to avoid purging and loss of sleep.

The time of the patient in the hospital is greatly reduced. Thymol has been administered at week intervals. Oil of chenopodium can be pushed for two days and then, after an interval of two days, repeated, thus consuming eight days instead of two months as may be done with thymol. The patients usually show a negative stool after one or two series of

chenopodium treatment. Mixed infections with the round worms require both santonin and thymol, but oil of chenopodium acts remarkably in both infections as in the case mentioned. This necessarily does away with the intense fear of xanthopsia.

The present European situation will perhaps greatly interfere with the supply of thymol, but I am sure that a revival of the long discontinued drug (chenopodium) will be a very efficient substitute. Capsules containing the oil can be readily distributed in proper doses in preference to instructing the patient to take so many drops on sugar, which method can, however, be used. The tremendous advantages of this drug are evident in field work because of its non-toxicity* in therapeutic doses, its efficaciousness for mixed infections, no disagreeable after-effects, not unpleasant to take at any age.

Much reference to the use of oil of chenopodium is not available and, hence, small doses were used cautiously. In the Johns Hopkins' Bulletin, December 15, 1913, a case treated by Doctor Levy shows a good recovery. Schuffner and Vermont (München Med. Wchnschr., 1913, v. 60) in their article discuss a comparative study of the treatment of Uncinariasis.

Patient No. 22 received four treatments with thymol and was then placed on oil of chenopodium. The doses and the worms expelled are shown in table 3. The reasons for changing the drug are given above.

This patient, who had both thymol and chenopodium, preferred the latter as it did away with the necessity of the early morning doses, the unevenness in the stomach, the occasional headaches, and it permitted the administration of fewer capsules, as only one dose per day was given; there was no toxic symptom. Pulse, respiration, and blood pressure were followed during the day of treatment, but were not materially altered.

TABLE 1. DOSES OF THYMOL AND OIL OF CHENOPODIUM, AND NUMBER OF HOOKWORMS COLLECTED. CASE NO. 22.

1914	THYMOL, GRAINS	CHENO- PODIUM MINIMS	HOOKWORMS COLLECTED		
			MALE	FEMALE	TOTAL
August 4	15	—	60	70	130
August 13	15	—	50	82	132
August 20	15	—	10	30	40
August 27	15	—	12	8	20
September 3	—	15	20	24	44
September 4	—	20	7	9	16
September 6	—	15	40	50	90
September 8	—	22	16	15	31
September 10	—	25	6	10	16
September 13	—	30	0	1	1
September 15	—	30	0	0	0
Total	60	157	221	299	520

TABLE 2. WEIGHT AND BLOOD COUNTS, CASE NO. 22.

1914		WEIGHT POUNDS	TOTAL RED CELLS	TOTAL WHITE CELLS	HB. (SARLI)	COLOR INDEX	POLYMORPHONUCLEARS			MONONUCLEARS		TRANSI- TIONALS
							Neutro.	Eosino.	Baso.	SMALL	LARGE	
August 5		70	3,500,000	6,000	32	0.46	66.0	2.0	0.0	20.0	8.0	4.0
September 10 ...		74	4,960,000	7,840	60	0.60	64.0	4.0	0.0	20.5	7.5	4.0

*While our experience with chenopodium was very satisfactory, I have learned of three deaths in one family within a day after taking this drug.—C. W. S.

CASE NO. 26. UNCINARIASIS. TREATED WITH THYMOL AND OIL OF CHENOPODIUM.

By L. de K. Eelden, M. D., Assistant, Hygienic Laboratory.

R. J. Mc., from New Hanover County, admitted August 15, 1914, at request of County Board of Health.

Patient is a white boy, age seven years.

Family History.—Father died, cause typhoid fever. Mother living, health good. Brothers, two, living, well. Sisters, four, living, health good. Further data not obtainable.

Personal History.—Patient is third of seven children, does not know his birthday, but claims he is seven and a half years old. Height, sitting, two feet, one inch, standing, three feet, ten and a quarter inches; weight 45 pounds. Says he has had whooping cough but denies all other diseases. Has never used tobacco in any form. Has always lived on a farm provided with a surface privy and says he had ground itch in the summer of 1912, from which time he dates his present illness.

Physical Examination.—General appearance rather poor; apparent age about five years; emaciation slight; head medium in size, normal in shape; hair medium in color, dry, smooth, abundant; no pediculosis.

Stare weak; pupils normal; convergence normal; a slight suggestion of a horizontal nystagmoid movement in both eyes; sclerae pearly; conjunctivae pale; eyes negative as to glasses, exophthalmos, von Graefe, strabismus, night blindness, blepharitis, and trachoma.

Ears normal in shape and size, hearing good; no history of pain or discharge.

Face pale, sullen.

Trunk symmetrical; shoulders square; scapulae prominent; infrascapular underdeveloped; abdomen normal, no mass or tenderness felt, girth measures 54 cm. at umbilicus, no hernia.

Arms and legs normal; grip poor and not well sustained; dynamometer, right 5-5-5, left 4-5-3 (Kilo).

Edema under eyes.

Cervical glands enlarged, thyroid, ax-

illary, and inguinal glands normal.

Respiratory System.—Speech clear, but answers to simple questions were given slowly and with great difficulty. Both tonsils slightly enlarged.

Chest normal and well formed. Respiratory rate 28 per minute, equal on both sides; chest measures 60 cm. on inspiration, 56 cm. on expiration, giving an expansion of 4 cm. Vocal fremitus, percussion resonance, breath sounds, and whispered voice normal.

Circulatory System.—Temperature 37.8 deg. C.; pulse 116; systolic blood pressure 98. Heart normal in size and position, apex beat diffuse, inside nipple line, sounds clear and normal at apex, but at base a soft blowing murmur could be heard at aortic and pulmonic areas; this murmur lasted through systole and was not affected by change of body position. For blood counts, see table 4.

Nervous System.—Sleeps well, seldom dreams. Patient is listless and dull.

Digestive System.—Stools show eggs of *Necator americanus*.

Genito-Urinary System.—Urinate three to five times per day, without difficulty or pain; never has to get up at night.

Treatment.—Patient was treated three days with thymol and six days with oil of chenopodium (see table 3). During first thymol day patient was drowsy and weak. After second thymol day patient began to feel better, eyes became brighter, and he began to take an interest in things around him. After third thymol day, patient became better, improvement was very noticeable, edema under eyes began to clear up and cheeks developed more color. After the fourth treatment (chenopodium) improvement continued, questions were answered better, and interest increased in surroundings.

The patient stated that chenopodium is "much better to take," does not make him so weak, is pleasanter, and does not have the after-effects of griping and nausea noticed with thymol.

Discharged September 15, 1914, in very good condition. General appearance good, expression bright, color returned to cheeks, edema under eyes has entirely disappeared, speech clear, answers more promptly; the murmur at base of heart has almost entirely disappeared, there being only a short systolic puff heard at the aortic area, and this lasts only for the first of systole.

TABLE 3. DOSES OF THYMOL AND OIL OF CHENOPODIUM AND NUMBER OF HOOKWORMS COLLECTED. CASE NO. 26.

1914	THYMOL, GRAINS.			TOTAL	CHENO- PODIUM MINIMS	HOOKWORMS COLLECTED		
	1st.	2nd.	3rd.			MALE	FEMALE	TOTAL
August 16	3	3	3	9	—	56	80	136
August 22	3	3	3	9	—	32	67	99
August 27	3	3	3	9	—	10	10	20
September 3	—	—	—	—	10	9	7	16
September 4	—	—	—	—	10	—	2	2
September 6	—	—	—	—	10	—	—	—
September 8	—	—	—	—	10	—	4	4
September 10	—	—	—	—	10	—	—	—
September 15	—	—	—	—	10	—	—	—
Total	9	9	9	27	60	107	170	277

TABLE 4. BLOOD COUNTS, CASE NO. 26.

1914	TOTAL RED CELLS	TOTAL WHITE CELLS	HB. SAHLI	COLOR INDEX	Polymorphonuclears,			Mononuclears		TRANSI- TIONALS
					Neutro	Eosino	Baso.	Small	Large	
August 16	3,480,000	8,900	40	0.57	69.62	3.46	0.0	20.0	6.54	0.38
August 22	3,496,000	13,600	40	0.57	69.35	1.94	0.0	19.4	7.74	1.61
September 5	4,352,000	7,750	83	0.95	54.00	8.50	0.0	25.0	6.50	6.00
September 12	4,888,000	8,750	93	0.95	55.00	6.00	0.0	31.5	5.00	2.50

The Cosmetic Urge.

(From Judge)

As Katie Clancy, the impetuous cash girl, in an interval of swathing innumerable packages, glanced in her hand-mirror and applied a touch of pink powder to her sallow cheeks, Beryl de Casey Montmorency, the lymphatic social sprite, in the secrecy of her chintz boudoir, was shadowing her lashes with an eye-pencil. Concurrently with both these colorful performances, Gladys Parvenu, the belle of the fashionable finishing school, while ostensibly perusing a masterpiece of French literature, was figuratively painting the lily. That is, she was reddening lips whose natural tint was a matchless scarlet. About this time, too, Hortense La Riche, the statuesque show girl, before a dressing-table in her luxurious Riverside apartment, was in the very act of addressing impatient cheek-bones with the rouged pedal of a dismembered rabbit. Nell, of the Salvation Army; Kitty, in service; Rachel, the coatroom girl; "Billy," the lady press agent; Louise, the universal stenographer; Alice, the nurse; Mrs. Helen Van Peyster, the orge of Fifth Avenue; Dolores, the model (cloak and artist's), and your sister were, some moments later, no less intelligently employed. Not a lip-stick, an eye-pencil, a powder-puff or a belladonna-dropper was idle in the land.

And rumor had it that, in the cavernous depths of Oshkosh and Timbuctoo, numerous members of the Equal Suffrage League were indulging in costly milk baths.

The while prim dispensers of elementary education, throughout the length and breadth of the commonwealth, impressed upon their credulous female charges that "beauty is only skin deep." And desiccated with zeal on the lasting pleasures of the intellectual life.

—Edward Harold Conway.

An Easily Digested Cod Liver Oil Product.

The therapeutic value of a cod liver oil preparation depends upon the ease with which it is digested and assimilated. If it distresses the stomach and is not assimilated, its value as a therapeutic agent is nil. Thus the need of choosing a cod liver oil product that is well received by the stomach and is quickly assimilated. In Cord. Ext. 01. Morrhuæ Comp. (Hagee) these several requirements are met. In this cordial the essential principles of the plain oil are preserved unchanged, its disagreeable feature (the grease) being eliminated. Cord. Ext. 01. Morrhuæ Comp. (Hagee) possesses every therapeutic virtue of the crude oil with the added advantage of palatability.

Notwithstanding the large number of Hypophosphites on the market, it is quite difficult to obtain a uniform and reliable Syrup. "Robinson's" is a highly elegant preparation, and possesses an advantage over some others, in that it holds the various salts, including iron, quinine and strychnine, etc., in perfect solution, and is not liable to the formation of fungus growths. (See page XIV this issue.)

Charlotte Medical Journal

Published Monthly.

EDWARD C. REGISTER, M. D., EDITOR

CHARLOTTE, N. C.

EIGHTEENTH ANNUAL MEETING TRI-STATE MEDICAL ASSOCIATION OF THE CAROLINAS AND VIRGINIA

The eighteenth regular annual session of the Tri-State Medical Association of the Carolinas and Virginia was held at the famous Jefferson Hotel in Richmond, Va., February 16 and 17, 1916, under the presidency of Dr. James H. McIntosh, Columbia, S. C., and Dr. Rolfe E. Hughes, Secretary, Laurens, S. C.

The registration book showed in excess of two hundred members in attendance, while more than fifty applications were presented for the consideration of the Council.

Richmond is an ideal city for the meeting of medical societies, its profession and people alike filled with that delightful spirit of old time Virginia hospitality, hence it is superfluous to remark that the members attending the Tri-State Medical Association received in overflowing measure the best the city afforded.

The gentlemanly management of the spacious and beautifully appointed Jefferson Hotel contributed in ample degree its part in making the occasion a felicitous one, while an able committee of arrangements from the local medical society headed by that fine Ex-Carolinian, Dr. J. Allison Hodges, associated with Drs. Jos. A. White, Robt. C. Bryan, Paul V. Anderson, A. Murat Willis, Chas. R. Robins, Thos. W. Murrell, L. T. Price, J. Garnett Nelson, Manfred Call, B. H. Gray, and Wm. F. Mercer, performed the duties assigned them to the complete satisfaction of the visitors, one and all, who were most appreciative in their expressions of pleasure and enjoyment of the many happy courtesies tendered by the Richmond physicians.

The initial session was called to order in the Jefferson Hotel Auditorium by Dr. J. Allison Hodges. In the absence of Gov. Stuart, the Lieut. Governor, Hon. J. Taylor Ellyson, delivered a gracious welcome from the Old Dominion, while an equally generous and cordial welcome from the local profession was extended by Dr. Alexander G. Brown, Jr., one of Richmond's most prominent of the younger specialists in internal medicine.

Drs. J. Howell Way, Waynesville, N. C., and C. W. Kollock, Charleston, S. C., responded pleasantly in behalf of their respective states. Of the topics touched

upon by the first respondent, the urging of the Virginians to secure an early consolidation of the two colleges of medicine in the state, and their union under the charter of the University of Virginia which would give at least its two latter years of instruction in Richmond only, seemed to evoke especially responsive echo, indicated by the applause of those present as well as the attention given it in the daily press that and the day following. The response by Dr. Kollock was easily accorded the honors of the opening addresses, chastely worded and replete with kindly sentiment containing a delightful word picture of his early school days when the South Carolina lad, scarce yet in his teens, made the long trip alone to enter the Virginia Military Institute, it was most warmly applauded, and stamped the doctor a real orator and a finished gentleman of ye olden days.

The President's address was of becoming brevity, and essayed the task of dealing with some supposed internal affairs of the management of the Association which in his judgment needed rearranging. It was well phrased, earnestly delivered with the air of one performing a mission of duty, and attentively listened to by the members who on its conclusion passed a vote of thanks to its distinguished author. On motion the subject matter of the address was referred, with presidential disregard for the plain wording of the law on procedures of this kind, to a special committee which reported favorably later in the session.

The opening preliminaries being concluded, and the large number of papers necessitating it, the program was divided into two sections for the remainder of the session; one being presided over by the president, and the other by vice-presidents. More than fifty papers were presented of the usual high grade, and the discussions were enlivening to a degree, always instructive and interesting, and even spicy at times. The strong characteristic of all the Tri-State meetings, to confine attention solely to the business of reading and discussing scientific medicine and surgery, was never more manifest possibly than during the two busy active days of the Richmond session. Very few if any of the state societies, with session length of fifty per cent. or more, than the Tri-State with its always only two days' duration, but rarely indeed encompass the range and extent of incursion more deeply into the domain of modern medical and surgical science and craft, than does this splendid aggregation of Tri-State workers.

Of the papers read it was interesting to note those medical in character slightly exceeded the purely surgical, a sugges-

tion that possibly the profession may be on the eve of a revival of interest in the more intricate problems of internal medicine.

The combined medical and surgical clinic given at the Memorial Hospital on Wednesday afternoon, and continuing for three busy hours was cleverly conceived and admirably managed, and it is in no sense an exaggeration of the facts to state that no better clinic could have been given in the larger Eastern medical and surgical centers. Beginning promptly on time, without the least hitch or disarrangement for his allotted space of time, each instructor presented his patient, diagnosed, lectured or operated, and that, too, with a degree of precision that spoke admirably for the management and give emphasis to the manifest fact that Richmond, Va., is already one of the foremost medical educational and clinical centres of the country, and destined to rank yet higher as a teaching point when the University of Virginia completely grasps its entire medical responsibilities and possibilities, and logically expands to its justly expected proportions. The accomplished Richmond gentlemen to whom the members attending were indebted for this special pleasure were: Drs. Stuart McGuire, Alex. G. Brown, Jos. A. White, Beverly R. Tucker, W. Lowndes Peple, Wm. S. Gordon, C. C. Coleman, Douglas VanDerhoof, Robert C. Bryan, Chas. R. Robins, McGuire Newton, and J. Allison Hodges.

Of the social features too much may not be said. Some two score ladies accompanied their male relatives to Richmond, and a local committee of ladies made their stay one continuous round of sightseeing and pleasure with rides, luncheons, parties, receptions, filling in every hour of time.

The reception for gentlemen tendered by Dr. Stuart McGuire at his handsome home, 513 East Grace street, on Wednesday evening was greatly enjoyed in every way and needless to say, was fully up to the customary standard of that cultured, gracious, courtly personage whom it is devoutly hoped will continue to enjoy for many, many years yet to come, the distinction of being the most distinguished surgeon of the South, and as well the joy of being the friend of every doctor who knows him—the good, genial hearted, kindly honest man, Stuart McGuire.

The strong loyal spirit of many of the early members of the Tri-State was notably evidenced at the Richmond meeting in the presence of no less than seven of the 17 doctors present at the initial session of organization. Of the original

men, 8 have passed to the great beyond. Again of the 17 gentlemen who have enjoyed the honor of the presidency of the Association, no less than 11 of the thirteen living ex-presidents (Kollock, Upshur, Royster, Hughes, McGuire, Anderson, White, Way, Baker, Leigh, and Register) were present, and one of the remaining two (Guerry) was listed for a paper, but unavoidably kept at home. The loyal interest of such men, their continued activity for the interests of the Tri-State Association, betoken well for its future, and give regnant answer to the at time captious query, Why the Tri-State?

It has a purpose in existing, it is measuring up to the demands of that purpose, it conflicts with no other medical society in its meeting dates, it cements the brotherly ties of three fine states, and its future is bright with pleasing promise of many years of useful, pleasant, and joyous reunions of kindred spirits. Under the aggressive leadership of the newly installed president, a successful year is predicted and a warm welcome awaits the Tri-Staters at Durham, in Old North Carolina in February, 1917.

Durham, N. C., was selected as place of meeting in 1917.

The following officers were elected:

President—Dr. J. Allison Hodges, Richmond, Va.

Secretary-Treasurer—Dr. Rolfe E. Hughes, Laurens, S. C.

Vice-President—Dr. Chas. O'H. Laughinghouse, Greenville, S. C.

Vice-President—Dr. H. E. McConnell, Chester, S. C.

Vice-President—Dr. Wm. F. Drewry, Petersburg, Va.

Members of Executive Council: Dr. Jno. N. Upshur, Richmond, Va.; Dr. J. Howell Way, Waynesville, N. C.; Dr. J. H. Taylor, Columbia, S. C.

That genial Virginia gentleman who took an active part in the organization of the Association, Dr. John R. Gildersleeve, Richmond, Va., now retired, was elected to honorary membership.

J. H. W.

THE PROPER FUNCTION AND DUTIES OF A STATE BOARD OF HEALTH.

I. The FUNCTION of a State Board of Health should be:

1. To keep a complete record of births and deaths.

2. To stamp out existing contagious and infectious diseases.

3. To protect the life and health of the citizens of the state.

4. To assist school boards, municipal

health officers, medical societies and other health agencies in correcting the physical defects and promoting normal, healthy development of the young.

5. To aid in removing obstacles in the way of scientific investigations and experiments whose object is to find out the cause of disease or to relieve suffering and save human life.

II. THE DUTY OF A STATE BOARD OF HEALTH SHOULD BE:

To keep a complete record of vital statistics.

In connection with the recording of births the name, age, race, nationality, occupation, residence, physical condition and characteristics and predisposition or tendency to disease of the parents, together with the physical condition of the child should be carefully recorded. The pointing out of physical defects and tendencies to disease will serve as a danger signal and may be of great service both to the individual and the state. A careful record of the cause of death, accompanied by an outline of the post-mortem findings, whenever possible, would furnish information of very great value to physicians and the science of medicine and in the prevention of disease.

To establish a complete system of inspection for such contagious and infectious diseases as small pox, scarlet fever, diphtheria, measles, whooping cough and chicken pox which should all be quarantined until all danger of infecting others is past. Why quarantine for such mild diseases as measles and whooping cough some may ask? Because in children under two years of age the average death rate from measles is twenty per cent, or one in five of those attacked by the disease and in some severe epidemics it reaches from thirty to fifty per cent; and among babies and young children whooping cough is a very deadly disease and in severe forms may kill one half of those attacked, while if they can be kept from taking it until they are four years old scarcely any die. Cases of tuberculosis, typhoid fever and malaria should be very carefully managed so that the disease germs cannot be conveyed from one person to another.

The very careful investigation of recent years has proven that the germs of typhoid fever are often carried by flies and that malaria is always conveyed from the sick to the well by certain species or kinds of mosquitoes. If the manure piles and other kind of filth in which flies breed were promptly removed and cleaned up there would be no flies and much less typhoid fever, and if old cans, buckets, barrels, pools and swamps of stagnant

water were gotten rid of there would be no mosquitoes and malaria would soon become a thing of the past.

Against the great "White Plague" which causes the loss of thousands of lives and millions of dollars a year in every state of the union, the State Board of Health should wage a systematic and relentless warfare, and in every possible way it should be impressed upon the people that this deadly scourge is largely preventable and that by all working together in the right way it could to a large extent be stamped out.

This warfare against contagious and infectious diseases should be in the hands of thoroughly trained sanitarians or persons who have been specially prepared for the work. You might just as well put some ward politician at the head of a great engineering project or in control of a system of railroads and expect to get good results as to expect some unprepared doctor at the head of the health department to make good. Our lives and health are the most precious and highly valued things we possess in the world and their care should be placed in the hands of those thoroughly competent to protect them.

Editorial News Items.

Biltmore Hospital.—By the terms of the will of the late Miss F. M. Wright, Biltmore Hospital, Biltmore, N. C., receives \$5,000.00 for the benefit of the maternity ward and Mission Hospital, Asheville, N. C., receives \$2,500.00 for the benefit of the colored ward.

Dr. D. A. Stanton, High Point, N. C., announces his association with Drs. Jno. T. Burrus and H. W. McCain in the High Point Hospital for the care of Surgical, Gynecological and Chronic Disease cases.

The Medical Society of Lincoln and Catawba counties held a joint meeting in Hickory, N. C., February 8. Some good papers were read after which the physicians of both societies were entertained at a banquet complimentary to the visitors from Lincoln County.

H. A. Green, a well known osteopath of Salisbury, N. C., has gone to New York city where he purposes reentering the Methodist ministry of which he was a member prior to his location in Salisbury a few years ago.

The Fourth Annual Meeting of the South Eastern Sanitary Association was held in Brunswick, Ga., March 23-24, 1916, under the Presidency of Dr. C. W. Coker, Hartsville, S. C., with Dr. C. E. Smith, Greenville, S. C., Secretary. The Vice-Presidents are the following well known sanitarians:

Dr. E. G. Williams, Richmond, Va.

Dr. Jas. A. Hayne, Columbia, S. C.

Dr. Henry Hanson, Jacksonville, Fla.

During the week of March 20 there was on exhibition ample demonstrations of advanced sanitation and hygiene. Many southern cities sent delegates, and representative southern public health men attended the meeting in numbers.

The Directors of the State Hospital for Insane, Raleigh, N. C., have recently contracted for the erection of new buildings to the value of \$60,000.00. In the new structures will be included a new receiving building and a nurses' home.

Dr. J. G. Gilbert.—The residence of Dr. J. G. Gilbert, Hope Mills, N. C. was destroyed by fire January 15 of incendiary origin it is believed.

New Hanover County, N. C., has established what appears to be altogether new precedent in county sanitation. Arrangements have been made to lend rural residents funds to install water and sanitary conveniences in their homes, the monies to be repaid the county on long time with 6 per cent. interest. The plan is safe financially, sound ethically, enlightened to a marked degree politically, sane sanitarily, and withal is to be recorded as a fine conception and admirable execution of advanced and intelligent public health work in one of the most advanced sanitated communities in the nation.

Dr. J. W. McNeill, County Health officer Cumberland County and City Health officer Fayetteville, N. C. announces that beginning about April 1, 1916, the U. S. public health authorities will establish in that city and county a Children's Bureau for the special study of diseases and other conditions pertaining to child life. The work will be wholly a national government affair and will be in charge of Dr. Frances Safe Bradley of the Children's Bureau. There is in this work, an admirable field of investigation opportunity offered, and if the management intelligently steers clear of preconceived theories as regard the actual conditions of child life in the South, and con-

ducts the studies proposed without consideration for the securing of extreme illustrations for the use of misguided but enthusiastic "reformers" who would fashion all things of the Southern States after certain patterns found more or less serviceable under different climatic and social condition in Eastern States, the service and the investigation are welcomed and the results awaited with sympathetic interest.

Mr. William P. Hagee, president of the Katharmon Chemical Company, St. Louis, Mo., died on February 3rd. He was one of the most prominent manufacturing chemists in this country and his death takes away from the pharmaceutical profession one of its biggest and most prominent members.

Dr. Eugene Harold Brice died at sea about February 15th. He was the physician or surgeon on the steamship Stephen which plies between New York and South American ports. He was on his return journey. His body was received in New York about February 20th. The death of Dr. Brice is peculiarly sad. He had all of his bright professional future before him, he was only twenty-five years of age. Dr. Brice was an honor graduate of the Atlanta Medical College. He was a young professional gentleman of very pleasing personality and was a favorite among his young medical friends. It is natural for us to think he died without medical aid because a steamer of that capacity never has more than one physician or surgeon on board.

Dr. Cornelius Baldwin, Winchester, Va., died on January 29th. Dr. Baldwin was a member of one of the oldest families in the Valley of Virginia. For many years he practiced medicine in Winchester and during the Civil War he was a surgeon attached to the world-famous Stonewall Brigade whose leader was the South's hero, Stonewall Jackson. Dr. Baldwin was born in Winchester in 1838 and was therefore in his 78th year.

Dr. W. W. Anderson, Summerton, S. C., died on February 10th. Dr. Anderson had been in bad health for several months and his condition became serious about three weeks before his death. He was in his seventy-second year. Dr. Anderson graduated from the South Carolina Medical College in 1868. He was a fine professional gentleman in every respect and enjoyed the confidence of the people of his community.

The York County Medical Society of South Carolina held its regular monthly meeting in the White Rose Club of York on February 8th. The meeting was largely attended, physicians from all parts of the county being present. Several papers were read and the general round table discussion proved to be interesting.

The Beaufort County Medical Society held its regular monthly meeting on February 9th at the Hotel Louise as the guest of Dr. L. H. Mann. Drs. L. H. Schubert and J. L. Nicholson were to read papers but on account of illness they were not present. Dr. Carter, secretary of the Society, read an interesting paper on "Submucous Resection of the Nasal Septum." It was discussed by the members present and several of them also reported on clinical cases. Dr. D. T. Tayloe extended an invitation to the society to meet as his guest in March, which invitation was accepted. After the scientific program and business of the meeting was completed, an elegant six-course supper was served in the dining room. A vote of thanks was extended to the host, Dr. Mann, for his hospitality.

The Roanoke Academy of Medicine met at the Ponce de Leon Hotel on February 17th. An interesting program had been prepared by the committee in charge. At the banquet Dr. Brady acted as toastmaster and introduced the speakers. The following responded: Dr. J. R. Garrett, "Our Society," Dr. John Wood, "Progressive Roanoke," Dr. E. U. Potter, "The Relation of Dentistry and Medicine," Dr. Garthwright, "The Country Doctor," Dr. Warren Barnett, "Patent Medicines." Mayor Chas. M. Broun, "Any Subject other than Politics." The meeting was a pleasant and profitable one.

The Richmond, Va., Doctors are to erect a seven story professional building. The plans for this enterprise were perfected at the Westmoreland Club on the evening of February 5th. It is estimated that the building will cost approximately \$150,000. It is to be fireproof in construction throughout. Dr. L. T. Price is chairman of the committee which has charge of the construction of the building. It will have many architectural features that will make it especially useful for physicians or surgeons. Buildings of this kind are becoming quite popular in larger cities and there is no reason why this enterprise in Richmond should not be popular and useful, as well as a financial success.

The Franklin County Medical Society of North Carolina met at Louisburg February 8th. The meeting was entertained by Dr. R. F. Varborough with a dinner party. After dinner the regular session of the society was held at which Dr. Burt discussed the treatment of pneumonia and Dr. H. A. Newell, "La Grippe." Dr. H. L. Conway, Syracuse, N. Y., was an honorary guest and entered most interestingly into the discussions. The next meeting will be held the first Monday night in June.

The South Carolina Medical College was on February 9th admitted to membership in Class A of the Association of American Medical Colleges by the executive council of the body in session at Chicago. Last year the college was admitted into Class B, this year its application was made to be admitted in Class A. A new building and several new professors, added since the last application, were cited as a basis for the promotion of the college to the highest rank. This is a very high indorsement for this magnificent college. It makes us all feel proud that it is again coming to its former high rank among institutions of this kind.

Dr. Mason W. Smith, of Gaffney, S. C., died on February 5th. He was the oldest practicing physician of Cherokee County. Two weeks before his death he was stricken with paralysis after which he did not regain consciousness. He was eighty years old. Dr. Smith studied medicine in New York and subsequently in Charleston, S. C., receiving the degree of M. D. in that institution in 1861, just at the outbreak of the Civil War. He volunteered his services to the Confederate forces. He was assigned to the Winder Hospital in Richmond where he served as assistant surgeon for three years. For over fifty years he was an active practitioner and during a great deal of that time he was regarded as one of the most skilled and learned physician of that section of South Carolina.

Dr. Richard Henry Whitehead, of the Medical Department of the University of Virginia, died of pneumonia on February 6th. Dr. Whitehead had been sick for about ten days. He was born in Salisbury, N. C., in 1865 and was the son of Dr. Marcellus Whitehead, a leading physician of North Carolina. He graduated from Wake Forest in 1886 and entered the Medical School of the University of Virginia where he received the degree of

Doctor of Medicine in 1887. For two years he was a demonstrator of anatomy at the University of Virginia. In 1891 he resigned to become professor of anatomy and dean of the Medical Department of the University of North Carolina, and under his guidance, between 1891 and 1905, this department came to take high rank among medical schools of the South. Much of his time, during the summers of his years at North Carolina, was spent in study at Johns Hopkins University, Chicago University, Woods Hale, and elsewhere. In 1905 Dr. Whitehead was called to be professor of anatomy and dean of the Department of Medicine at the University of Virginia. Under his leadership a complete reorganization was effected along the best lines of modern medical education. Two years after he went to the University of Virginia the entrance requirements of the school were raised to include one year of college work, this being the first medical school south of the Potomac to adopt this requirement. In the first classification of medical colleges of the country made in 1911, by the American Medical Association, the University of Virginia was placed in the highest class. Although Dr. Whitehead devoted much of his time to administrative work he had the genius for investigation and the impress of his scholarship is everywhere evident at the University and elsewhere. He is survived by his widow and one brother, Dr. Jno. W. Whitehead, Salisbury, N. C., who is one of the most noted general practitioners of this State. Dr. Whitehead, while a resident of North Carolina, was a member of the Medical Examining Board. During his term of office he exhibited many evidences of a very learned and capable medical gentleman. He received the degree of LL.D. at the University of North Carolina in 1910. He contributed many valuable articles to medical associations and medical journals and in 1900 he wrote a book entitled, "The Anatomy of the Brain" which was well received.

The Fourth District Medical Society of North Carolina met in Rocky Mount February 8th. The membership of this society numbers about fifty. This meeting was well attended. There was a symposium on Pellagra. A dinner was served for the pleasure of the visiting members. This district society is composed of the physicians living in Nash, Edgecombe, Johnson, Wayne, Northampton and Wilson counties.

Dr. Tyre York, Wilkes County, N. C.,

died on February 4th. He was a native of Surry County, having been born in Rockford in 1836. He moved to Wilkes County in 1859, shortly after his graduation from the Charleston Medical College, Charleston, S. C. He practiced medicine at Trap Hill for fifty-six years, except periods given to politics. Dr. York was a Union man and was a surgeon in the Home Guards. At the close of the Civil War he was elected to the legislature and was returned to Raleigh eighteen successive times. In 1882 he appeared as a Liberal-Democratic candidate for Congress and was elected to the Forty-eighth Congress, his term expiring in March 1885. A little later he canvassed the State for Governor against Major Scales, making a tour of the counties on muleback—and the mule, by the way, died a-pasturing last year. Dr. York was defeated and took his defeat rather hard, retiring to a seclusion from which he could not be induced to emerge. He did not have much flow of language but what he did command was picturesque. In his campaign against Mr. Scales Gov. Vance got on his trail and it is a matter of history that North Carolina never has had and never will have a more interesting class of reading than the reports printed in the papers of their speeches. Dr. York in many ways was one of the most brilliant men that the medical profession has ever produced in North Carolina. He was a successful practitioner. He had the confidence and esteem and love of his entire community, outside of politics. As a debater he was forceful, his points were logical and convincing. His life was not a failure. He contributed a good deal toward building up his section of the state and relieved a great deal suffering humanity.

Dr. C. P. Bolles, of Wilmington, N. C., has resigned as a member of the City and County Board of Health. He has the reputation of making a very fine official as a member of that Board and his resignation was received with regret and reluctance.

Dr. W. S. Rankin, secretary of the North Carolina State Board of Health, was appointed by Governor Locke Craig as delegate from this state to the Congress on Medical Education, Public Health and Medical Licensure in Chicago on February 7th and 8th.

Dr. Smith McMullen, a prominent physician of Greenville, Cal., married Mrs. Emma Williams Andrews, formerly of Winchester, Va., on January 31st.

Dr. Joselyn Blackmer died in Salisbury, N. C., February 1st. Bright's disease was the cause of his death. Dr. Blackmer was twenty-eight years old. He was a native of Salisbury but had been away from home for some years studying and practicing medicine. He had taken advance courses and only recently passed the Maryland State Medical Board. Dr. Blackmer had been assistant physician at the Springfield State Hospital at Sykesville, Md. He returned home on account of health and only lived about a week or ten days after his return.

Dr. Wm. A. Bell, a well known and prominent physician of Winchester, Va., died on January 29th. Dr. Bell was a native of Winchester, having lived there his entire life with the exception of the time he spent at college. He belonged to one of the best known and oldest families in that section of the state. He was born in 1850. He received his college literary education at Hampden-Sidney College and his medical education at the University of Virginia, subsequently receiving the degree of doctor of medicine at the Jefferson Medical College, Philadelphia. It was through Dr. Bell's influence that the Winchester Memorial Hospital was built and equipped. He was chairman of the Executive Board of that institution from its beginning until the time of his death. He was a director in several important financial institutions. He was a director of the Farmers and Merchants Bank and was for several years a member of the Public School Board. He was a useful man in his community. His life was a success.

The Second District Medical Society of South Carolina held its twelfth semi-annual meeting in St. Matthews on January 26th at the Masonic Hall. The district comprises Calhoun, Orangeburg and Bamberg counties and each county was well represented. The meeting was called to order at eleven thirty a. m. by the retiring president, Dr. J. J. Cleckley.

Prayer was offered by the Rev. G. F. Kirby of the First Methodist church. The newly elected president, Dr. L. C. Shecut, of Orangeburg, was then presented. Dr. L. B. Bates made the address of welcome and Dr. D. K. Briggs of Blackville made the response.

Dr. Shecut read a paper on "Medical Preparedness," which brought out favorable comment by the hearers. Dr. J. J. Watson of Columbia gave a paper on "Clinical Significance of Acute Abdominal Pains." Much praise was given to Dr. Watson for this excellent paper.

"The present Status of the County Societies in the Second District" was the subject of Dr. J. S. Matthews' paper of Denmark and well did he cover his subject. After the above programme was rendered the report of clinical cases was given, after which the association had dinner and adjourned.

The doctors of this association show much interest in the work and are on the alert to do anything that will help in the work that it has undertaken. This organization had been in existence for several years and the local associations have meetings each month.

Dr. C. R. Anderson, a well known physician of Gore, has located in Winchester, Va. We predict for him continued success. He is a medical gentleman of merit. He is recognized by his professional associates as a man thoroughly capable and who deserves and merits the esteem and confidence of the people who will come in contact with him, either socially or professionally.

The Augusta County Medical Society of Virginia held its regular quarterly meeting in the County Building on January 26th. The program was an unusually interesting one. Dr. W. S. Hartman, Swoope, is president of the organization and Dr. Guy Fisher, of New Hope, is secretary. After these two gentlemen opened the session and after the transaction of the regular business clinical cases were exhibited. Dr. J. S. DeLarnette read a paper entitled, "The Early Manifestations of Epilepsy in Childhood." The next paper was by Dr. J. W. Freed entitled, "Cases of Difficult Feeding in Childhood." The third paper was by Dr. A. L. Tynes entitled, "Acidosis in Eclampsia." Dr. M. J. Payne read the last paper entitled, "Medical Preparedness." At eight o'clock the same evening the members of the Association were the guest of the Staunton doctors at a handsome banquet. The Association includes in its membership most of the leading physicians of the county.

Adjutant General Lawrence Young, N. C. National Guard, announces the formation of a hospital corps at Charlotte, N. C., Lieut. John R. Ashe, M. D., recently commissioned in the service, commanding.

Dr. John L. Nall, of Bear Creek, N. C., has located in Danville, Va. Dr. Nall has a fine reputation and we predict that he will succeed in his new location.

Dr. E. L. Detwiler, of Herndon, Va., was shot dead on February 29th by Carl Rosier, a farmer living near Herndon. Rosier fired a load of buckshot into Dr. Detwiler's abdomen killing him instantly. It is supposed that Rosier was insane. He objected for some reason to the Doctor's advice about sending his mother to the hospital. Dr. Detwiler graduated from the Jefferson Medical College, Philadelphia, in 1886 and was considered a prominent physician in his community.

The City Board of Health of Florence, S. C., has elected to fill the place made vacant by the resignation of Dr. C. C. Craft, health officer, Dr. M. R. Mobley, who has been one of the staff physicians at the Florence Infirmary for some time and is one of the most popular and esteemed young physicians in the city of Florence.

Dr. Jno. W. Ayler, one of the most prominent and beloved citizens and public officials of Newport News died on February 28th. Dr. Ayler had been identified with Newport News for more than twenty years and his friends are numbered by the thousands. The Doctor was born in Fredericksburg, Va., and after receiving his professional education he practiced medicine there for over twenty years. Then he moved to Newport News and practiced there till the time of his death. Twenty years prior to his death he was city physician and police surgeon and held both of these positions till the time of his death. He was held in the highest esteem, not only by the citizens of his city but the members of the medical profession generally. He was a Confederate surgeon throughout the entire war. While serving in the army, Dr. Ayler was given a Masonic passport by a Union general. He highly prized this document and preserved it throughout his life. The Doctor was seventy-eight years old but in spite of his advanced age was actively engaged in the practice of medicine up to the day of his death. His life's work is an example that no young professional gentleman could do better than to imitate.

Dr. Ralph Hill, of Stafford County, Va., died in Fredericksburg, Va., on February 20th. The doctor was only thirty years old. He was a prominent young physician.

Drs. A. J. Greer and W. P. Cornell, Charleston, S. C., have been appointed members of the city board of health.

Dr. J. F. Hughes, of Clifton Forge, Va., died on January 31st at the age of eighty-two years. He was one of the most widely known among the older physicians of Virginia. Dr. Hughes graduated from the University of Virginia in 1860 and since then, with the exception of two years during which time he served as a surgeon with the troops of the Confederacy in the Civil War, he had practiced his profession in Clifton Forge. Dr. Hughes' life was one of many good deeds. He was a typical professional gentleman. He had the confidence and esteem of a very large circle of friends and acquaintances.

The Legislature of Virginia refused last month to re-enact the physician's license tax in vogue in the Old Dominion from about 1885 to 1914 when the continued efforts of the medical profession succeeded in having the special physician's license tax repealed. It is always interesting to note how different features of taxation impress the peoples of different sections or states. In North Carolina medical practitioners have for a number of years regularly paid an annual privilege tax, and there has never been a suggestion made in the North Carolina State Medical Society looking to the taking of steps to procure its repeal, nor even the suggestion that it is not as fair for physicians to pay special professional taxes as it is for members of other professions. We congratulate our Virginia friends of the profession.

Illegal Practitioners.—During the first six months of the operation of the new state medical license statute (taking effect last summer), transferring the authority for instituting prosecutions of illegal practitioners from the local counties to the office of the attorney general at Raleigh, N. C., who upon complaint of the state board of medical examiners, directs the local solicitors to institute action against alleged unlicensed practitioners, no less than twelve unlicensed physicians have left North Carolina to avoid prosecution, and three have been prosecuted and convicted in the superior courts of the state. Both profession and people are pleased with the practical operation of the new law which is found far more efficient than the former method which originated and conducted prosecutions locally, with the result that most unlicensed physicians escaped prosecution, or if such was instituted, the cry of "persecution by the established doctors" was made much of by the defendant's attorney to the often undoing

of the prosecution and the resultant failure to convict. In every community where an unlicensed practitioner attempts to practice, the facts are quietly placed in the hands of the state board of medical examiners, and the secretary of the board lays the case before the attorney general who orders the prosecution. With this amendment to our already excellent statutes, there should be no farther difficulty in absolutely eliminating all unlicensed physicians from the state.

The Right of County Health Authorities to compel citizens of a county to connect drain pipes with sewers has been upheld by the higher courts of Virginia in an action to force citizens of Hopewell, Va., to make sewer connections. It was alleged that such power, while exercised frequently by municipalities in every state of the union, was not possessed by county authorities. The decision will go farther to strengthen the hands of those interested in enforcing regulations relative to rural sanitation.

The St. Agnes Polyclinic has been organized at Raleigh, N. C., in connection with St. Agnes Hospital for Colored People. The officers are as follows:

Dr. Jennie A. Duncan, Resident Physician and Superintendent Nurses.

Dr. Lenuel T. Dulaney, Assistant Resident Physician.

Dr. J. B. Davis, Intern.

Dr. H. A. Royster, Chief Surgeon.

Dr. H. G. Turner, Orthopedist.

Dr. Hubert Haywood Jr., Physician.

Dr. A. S. Root, Obstetrician and Pediatric.

Dr. C. O. Abernethy, Urologist and Dermatologist.

Dr. R. H. Lewis, Dr. Kemp P. Battle Jr., and J. B. Wright, Oculists, Aurists and Laryngologists.

The management of St. Agnes Hospital announce the organization of the St. Agnes Polyclinic and invite "all regular physicians to attend free of charge, and expressing the hope that the Polyclinic will prove of some interest to the physicians of the surrounding territory who may now be able to attend systematic clinics appointed for their convenience."

The North Carolina Laboratory of Hygiene, Raleigh, N. C., has installed new equipment and with improved facilities it is expected to be of greater service to the profession of the state in the matter of making free examinations of sputum, throat secretions, faeces for hookworm, blood for the malarial plasmodium etc.

United State Vital Statistics.—Two clerks from the U. S. Department Vital Statistics, Washington, D. C., have spent several weeks in the office of the North Carolina State Board of Health, Bureau of Vital Statistics, Raleigh, N. C., checking up their statistics with a view to the early admission of North Carolina as a full registration state in the national government classification.

The Cumberland-Hoke County Medical Society at the meeting of February 21, 1916 elected the following officers:

President, Dr. D. G. McKethan, Fayetteville, N. C.

Vice-President, Dr. Geo. Graham, Raeford, N. C.

Secretary-Treasurer, Dr. M. L. Smoot, Fayetteville, N. C.

Delegate, Dr. K. G. Averitt; Alternate, Dr. Wm. S. Jordan.

The North Carolina State Board of Health has tendered space in Sanitarium Park which includes 1400 acres of land surrounding the buildings of the State Sanitarium for Tuberculosis in Hoke County, N. C., to any church desiring to erect one or more cottages for the housing of ministers or members of minister's families who may become tubercular. The offer will be extended to various fraternal societies and similar organizations in the state. Or if preferred one or more beds may be endowed in perpetuity for such members, in the new building now nearing completion at Sanitarium, N. C. The effecting of such arrangements will enable bodies of this character to secure for their members the benefits of sanitarium treatment at nominal expense, and if this progressive policy of the State Sanitarium is appreciated, it will also enable a far larger number of tubercular persons to receive care than it will be practicable for the state to provide space for at present.

BOOK NOTICES.

Obstetrics. A Practical Text Book for Students and Practitioners. By Edwin Bradford Cragin, A. B., A. M., (Hon.) M. D., F. R. C. S.; Professor of Obstetrics and Gynecology, College of Physicians and Surgeons, Columbia University, New York; Attending Obstetrician and Gynecologist to the Sloane Hospital for Women; Consulting Obstetrician to the City Maternity Hospital. Assisted by George H. Ryder, A. B., M. D., Instructor in Gynecology, College of Physicians and Sur-

geons, Columbia University, New York; Assistant Attending Obstetrician, Sloane Hospital for Women; Associate Surgeon, Woman's Hospital, New York. Octavo, 858 pages, with 499 engravings and 13 plates. Cloth, \$6.00 net.

The author's eminence as a specialist in the fields of Obstetrics and Gynecology, his remarkable success as a practitioner and an instructor, and his exceptional advantages and experience as Attending Obstetrician and Gynecologist to the Sloane Hospital for Women, combine to make the appearance of this new work an event of great interest and importance to the medical world.

During a protracted service as medical head of the Sloane Hospital for Women, where over 1,800 deliveries annually occur, the author has enjoyed exceptional opportunities for observation and experience in obstetrics; and for several years he has felt a growing sense of the duty of placing before the profession and students of medicine the methods of this institution and the results obtained. The present text-book of Obstetrics has seemed to him the most rational and perhaps the most useful way in which to meet this obligation. The work, in the methods advocated, is based upon the statistical results of the Sloane Hospital and upon the experience gained by the author in the hospital and in private practice. Another object of the work has been to present American statistics in obstetrics which, it is believed, represent the most extensive and careful records available in this country.

The fact that many text-books now before the profession, although very valuable for reference, are too large for the undergraduate student, has been appreciated by the author, and he has covered the subject concisely, eliminating all unnecessary discussion.

Professor Cragin has written a book which will be found not wanting in any essential feature either as a student's text-book or a practitioner's reference work.

Painless Childbirth, Eutocia and Nitrous Oxid-Oxygen Analgesia. By Carl Henry Davis, A. B., M. D., Associate in Obstetrics and Gynecology, Rush Medical College in Affiliation with the University of Chicago. Assistant Attending Obstetrician and Gynecologist to the Presbyterian Hospital, Chicago. Chicago: Forbes & Company, 1916. Price \$1.00.

This is the first book by a physician that discusses the various methods used

in the attempt to secure painless childbirth. Here is published for the first time the results of varied experience with nitrous oxid-oxygen analgesia in obstetrics and strong, convincing proof is given that this is the safest and best method. It is a timely book of great importance.

Transactions of the Twenty-First Annual Meeting of the American Laryngological, Rhinological and Otological Society. Held in Chicago, Ill., June 15th and 16th, 1915. Published by the Society, 1915. New York: Paul B. Hoeber.

This is a volume of 360 pages, printed on heavy enameled paper. It makes a very attractive book, appropriately bound and contains many illustrations. Books or transactions now without being appropriately illustrated are not very much appreciated.

We have received these volumes of transactions for the last twenty-one years. We have them intact without a missing volume and we appreciate them very much.

Medical Clinics of Chicago. January, 1916. Volume 1. Number 4. Published Bi-Monthly by W. B. Saunders Company, Philadelphia and London. Price per year, \$8.00.

Seventh Annual Report of the Commissioner of Health for the Commonwealth of Pennsylvania. 1912. Part One. Harrisburg, Pa., Wm. Stanley Ray, State Printer. 1914.

Seventh Annual Report of the Commissioner of Health for the Commonwealth of Pennsylvania. 1912. Part Two. Harrisburg, Pa., Wm. Stanley Ray, State Printer. 1914.

Changes in the Food Supply and Their Relation to Nutrition. By Lafayette B. Mendel. Professor of Physiological Chemistry in the Sheffield Scientific School of Yale University. New Haven: Yale University Press. MD-CCCXVI. Price fifty cents.

The effect of improved transportation facilities on food supply has been often discussed by the economist. Here, perhaps for the first time, a physiological chemist of note discusses the effect upon the diet of this country of commerce, which provides us eggs from China, and preservative methods, which can keep commodities as perishable as fresh fish in good condition for two years. An interesting feature of this discussion is that dealing with reforms in diet necessitated by economic conditions such as those produced in Germany by the present war.

George Washington: Farmer. Being an account of his home life and agricultural activities. By Paul Leland Haworth. Author of "The Path of Glory," "Reconstruction and Union America in Ferment," etc. Indianapolis: The Bobbs-Merrill Company publishers. \$1.50.

Since Mr. Haworth wrote his "Path of Glory," and other books anyone would naturally be interested in his writings. This present volume is superior to the former ones in every respect. Mr. Haworth writes well and his style is quite entertaining. The facts in the book are something like this. George Washington made his money on his farm. He was the first scientific farmer in America. He cultivated alfalfa in 1760. He was the first American to raise mules. He was one of the first to conserve the soil. He performed hundreds of agricultural experiments. He made farming machinery with his own hands. He was a pioneer in improving the breeds of stock. He owned over sixty thousand acres of land and died the richest citizen of the Republic.

This neglected aspect of the Greatest of Americans is now for the first time adequately set forth and is combined with an interesting account of Washington's home life and a portrayal of his real personality, the facts being drawn for the most part from the General's own papers.

The story of George Washington's public career has been many times told in books of varying worth but there is one important aspect of his private life that has never received the attention it deserved. The present volume is an attempt to supply this deficiency.

The illustrations describing his family, the various parts of his house, his stables, his kitchens, his beautiful home, library, in fact the descriptions of all the buildings attached to his home make the book one of unusual interest and also of value.

Transactions of the American Pediatric Society. Twenty-Seventh Session. Held at the Laurel House, Lakewood, N. J., May 24, 25, and 26, 1915. Edited by Linnaeus Edford La Fetra, M. D. Volume XXVII.

This is a volume of great value. It is substantially bound and contains 366 pages. The part that radiography plays in the diseases of children is well demonstrated in this work. The illustrations are not quite as numerous as should be, yet in all probability for the transactions of a medical society they are as complete as we usually see, and possibly more so.

A Manual of Hygiene and Sanitation. By Seneca Egbert, M. D., Professor of Hygiene and Dean of the Medico-Chirurgical College, Philadelphia. New (6th) Edition, thoroughly Revised. 12mo. 525 pages, with 141 figures and 5 plates. Cloth, \$2.25, net. Lea & Febiger, Philadelphia and New York, 1916.

The frequency with which successive editions of Professor Egbert's book are exhausted and new ones demanded places its value and standing beyond question. The author has responded to this renewed opportunity by effecting such changes as were needed to represent the latest developments in a very active subject. Mankind is awakening to the unapproached importance of anything affecting the public health, and it is now expected that every physician shall know and apply the principles of preventive as well as curative medicine. An authoritative work covering the essentials of this great subject clearly and briefly therefore interests medical students and practitioners as well as specialists in hygiene and sanitation.

A Brief Bibliography of Books in English, Spanish and Portuguese, Relating to the Republics Commonly Called Latin American, with comments. By Peter H. Goldsmith, Director of the Pan American Division of The American Association for International Conciliation. New York: The MacMillan Company. 1915.

Sexual Impotence. By Victor G. Vecki, M.D., Consulting Genito-Urinary Surgeon to the Mt. Zion Hospital, San Francisco. Fifth Edition, enlarged. 12 mo. of 405 pages. Philadelphia and London: W. B. Saunders Company, 1915. \$2.25 net.

This book has reached its fifth edition in a very brief lapse of time since the publication of the fourth edition. New and better instruments have made the deep urethra accessible to a rational local treatment but likewise have offered suggestions for varied mutilations.

Dr. Vecki is a logical and entertaining writer. The subjects he treats in this volume is difficult to make interesting though it is not tiresome to anyone who is interested. It gives us pleasure to recommend the book. It is beautifully printed.

Cancer of the Stomach. A Clinical Study of 921 Operatively and Pathologically Demonstrated Cases. By Frank Smithies, M.D., Gastro-enterologist to

Augustana Hospital, Chicago. With a Chapter on the Surgical Treatment of Gastric Cancer, by Albert J. Ochsner, M.D., Professor of Clinical Surgery in the University of Illinois. Octavo of 522 pages with 106 illustrations. Philadelphia and London: W. B. Saunders Company, 1916. Cloth, \$5.50 net; Half Morocco, \$7.00 net.

This work sets forth the facts which are considered valuable from a study of 921 operatively and pathologically demonstrated instances of gastric cancer.

The case and their records comprise part of the author's services extending over ten years at the University Hospital in Ann Arbor, Michigan, the Mayo Clinic, Rochester, Minn., and his own clinic at Augustana Hospital.

graph upon this subject appeared. The interim has been prolific in its contribution to our better clinical, pathologic, and surgical knowledge of gastric cancer. The author says that it is to be hoped that the practical worth of the more improved of these advances is sufficiently emphasized in this book.

The volume contains 522 pages with 106 illustrations which beautifully illustrate the text. I do not believe illustrations were ever more complete and more appropriate and more valuable than they are in this volume. Dr. Smithies is a well known writer on subjects pertaining to gastric surgery. His writings in this volume are particularly interesting. "The Surgical Treatment of Gastric Cancer" by Albert J. Ochsner is very valuable.

The book as a whole is the best and most complete that we know of in this country on the subject. It gives me pleasure to recommend it.

Infant Feeding and Allied Topics for Physicians and Students. By Harry Lowenburg, A.M., M.D., Assistant Professor of Pediatrics, Medico-Chirurgical College of Philadelphia; Pediatricist to the Mt. Sinai Hospital; Pediatricist to the Jewish Hospital; etc. Philadelphia: F. A. Davis Company, Publishers, 1916. Price \$3.00.

The contents of this volume will be found to be largely clinical and practical and to embody Dr. Lowenburg's personal experience with the problems presented. Theorizing and the presentation of a medley of views of different authorities have been avoided. He has used few quotations and references because they are time consuming and generally annoying, distracting the mind of the reader from the text. In not a few instances Dr. Lowenburg has indulged in the repetition of certain facts and statements.

He says that this has been done largely for the sake of emphasis and to insure the individual completeness of the presentation of the particular topic under discussion, and also to avoid references and cross-references.

He has made a great attempt to emphasize the importance of breast feeding and the digestive problems which present themselves in this class of patients. He has adhered to the percentage idea in its broadest sense. The advantages and disadvantages of the caloric system have been discussed. As a means of adapting milk to the individual requirements the top-milk methods and the milk-and-cream mixture methods have been abandoned as cumbersome and often incomprehensible to both the physician and to the caretaker. The dilution of whole or of skimmed milk is advocated as simple and efficient. Where their use has given good results the author recommends a few proprietaries, not as substitutes for, but as adjuvants to cows' milk.

The book contains 382 pages and is well indexed. It is beautifully illustrated with 64 text engravings and 30 original full-page plates, 11 of which are in colors. We know of no book of this kind more appropriately illustrated than this one. A book without appropriate illustrations is comparatively of little value. We take pleasure in recommending the work. For its size, it is the best on the market.

Miscellaneous.

The Best Evacuant.

The greatest care should be used in prescribing an evacuant to guard against the tendency of many cathartics to cause a binding after effect. Pil. Cascara Comp.—Robins stimulates a flow of secretions thus encouraging a normal physiological evacuation; normalizing peristaltic action instead of inhibiting it as so many evacuants and cathartics do.

They contain no Strychnia to poison, no Belladonna to dry the secretions or abnormally dilate the pupils—nothing to injure your patients.

They are suited to all conditions, requiring more or less alimentary stimulation. No unpleasant symptoms develop from continued use.

A trial the most convincing argument.

On request, A. H. Robins Co., Richmond, Va., will cheerfully send you liberal samples. ad-4-16

An Indispensable Remedy.

A perusal of even the most recent text books will show that comparatively little

Thirty Feet of Trouble.

Man carries around with him, and woman likewise, thirty feet of trouble. For in many cases the intestinal canal is in fact a lethal laboratory, within which are generated poisons as subtle as those of any Borgia. If allowed to accumulate, and be absorbed into the blood, such poisons drive the unfortunate individual to constant misery and suffering. On the other hand, autotoxemia may manifest its existence by such vague and confusing symptoms as to render diagnosis difficult. No part of the body is exempt from the effect of autotoxemia, no organ or tissue is immune. Metabolism suffers as a rule and poisoned or undernourished cells of any organ or tissue may register their protest. The physician will do well to regard with suspicion a complaint that sleep does not refresh, that the patient gets up in the morning "tired," with a dull annoying headache that often wears off during the day. There is also a disposition to look upon the darker side of things, to feel mentally depressed, to borrow trouble or fret over little things. Inability to concentrate the mind, to study or to plan—the power of initiative is often lost. The patient can do things mechanically but complains of lack of force—he "has no push."

And in spite of these symptoms of trouble referable to almost any body function, the patient will often deny that constipation exists—or claim that the bowels are "regular."

If the discriminating doctor will but keep in mind that autotoxemia, resulting from stasis can exist even when the bowels are not costive that symptoms of toxemia anywhere in the body may be traced back to the intestinal canal, he will seldom fail to make a correct diagnosis.

It is a safe rule to always suspect stasis and autotoxemia, and to exclude it before the diagnosis is made. The laboratory and the X-ray and Bismuth meal will confirm and in many cases, clear up any doubt.

The diagnosis made and confirmed, what then?

Treatment. Not treatment for constipation, not effort to "empty the bowels" or "clean out the patient." But treatment intended to train the bowels to do their duty and resume normal functioning, correct diet if the indication exists. Prescribe proper hygienic measures if needed. Explain the status *praesens* to the patient. Then take steps to treat the obstipation and stasis by mechanical means.

Mechanical means, spells Lubrication. Lubrication means Interol.

Interol spreads properly, i. e., it coats the intestinal wall and oils the road. It admixes well, that is, it mingles with the bowel contents instead of simply coating the mass. It dissolves certain toxins and suspends others, and carries them out of the body. It protects the mucous membrane and increases its filtering power. It stimulates peristalsis and secretion of intestinal glands. And it is absolutely free from any and all impurities and is therefore Safe.

Interol therefore, when used in the correct way as regards dosage and method of administration, produces effects that are necessary and desirable. That is to say, Interol secures results in hands that know how and when to use Interol.

Friends of a Strong America.

If we respect ourselves, and if we appreciate the advantages that we have long enjoyed, we will do unto others as we would wish to have them do to us in like circumstances. Let us, for instance, ask this very simple question: What countries, to-day, would be glad to see the people of the United States able to protect themselves against any possible attack, and able to enforce peaceful measures in the regions where the United States ought to exercise the leading influence? The people of the following states would undoubtedly like to have the United States very strong and well prepared for the defense of her own territories and for the encouragement of right and justice in the world: Holland, Belgium, Switzerland, Denmark, Norway, Sweden, China, Canada, the Australian Commonwealth, the South African Union, Brazil, Argentina, Chile, Cuba, and most of the other Latin American republics, and probably Spain. The countries that we have named do not want anything that they do not already possess, and have no aggressive designs or purposes. Since the people of those countries are well aware that the people of the United States have also no aggressive purposes, they would all feel stronger and safer, in a turbulent world, if the United States had a bigger and stronger navy behind its policies for arbitration and international friendship.—From "The Progress of the World," in the American Review of Reviews for February.

An Indispensable Remedy.

A perusal of even the most recent text books will show that comparatively little is known of the mode of action of iodine in the human body. It is known that iodine is an important element in the thyroid secretion and that it is also stored up in the liver and other tissues, probably in combination with the lipoids of the cells. There is no lack of clinical evidences, however, to show that iodine is an indispensable remedy in the treatment of many diseases. Unfortunately, the iodides though entirely satisfactory from the standpoint of efficiency, have some undesirable features which not frequently interfere with or prevent their use. One of the most prominent disadvantages is their disturbing, irritating effect on the stomach with resulting impairment of appetite and digestive disturbances. In some cases they give rise to unpleasant symptoms of iodism, such as coryza, pharyngeal irritation, unpleasant feeling of depression. Of course, in very susceptible persons iodine in any form may produce more or less by-effects, but the tendency to these or their intensity is greatly reduced by the use of Burnham's Soluble Iodine.

Owing to the soluble character of this product, its notable freedom from gastric irritation, and rapid and uniform absorption without toxic action, it can be used in quantities and over periods that are necessary to produce the effects desired.

Uncle's Approval.

(From Judge)

"My nephew, Perry Bleat, was according to his own opinion, not appreciated by his fellow-men at his proper worth," stated old Festus Pester. "He felt that he was not being given all the kind applause that his efforts so richly merited. Speaking in round numbers, at a christening he wanted to be the baby, at a wedding the bride, at a funeral the corpse, and in parades the mayor in carriages, and because he couldn't be his feelings were hurt quite a good deal. Finally, when he couldn't endure the indifference of the world any longer, he wrote me that, alas, he was going to end it all, and that at 3:35 p. m. on Thursday he would be dead.

"It was 3:10 on the fatal afternoon when I received the letter, and it took me so long to open, read and digest it, and get to the telegraph office, that it was not until 3:28 that I sent him a dispatch expressing my approval in these words, 'Much obliged!' Of course, I had a right to say more, for you are allowed ten words for the minimum fee, but there

didn't seem to be anything more to say. But, be that as it may, he didn't appreciate my appreciation, and was so angry that just to spite me he absolutely declined to commit suicide at any terms."

—Tom P. Morgan.

The various maladies resulting from more or less tardy alimentary conditions can be promptly and thoroughly relieved by the judicious use of Pil. Cascara Comp.—Robins. Made in two strengths, Mild 1 gr., strong 4 grs., you can easily regulate the dose to suit each patient. For this purpose these pills are par excellence the remedy. ad-4-16

The North Carolina State Library, Raleigh, N. C., is desirous of securing a complete file of the North Carolina Medical Journal. Any information as to where these magazines can be secured will be greatly appreciated by the Librarian, M. O. Sherrill.

The Hotel Malbourne, Durham, N. C., offers its hospitable entertainment to the visitors to the State Medical Society meeting, April 18-20. It is a well appointed hotel with comfortable apartments, a liberal cuisine including at all times the very best the market affords and, under experienced management, its genial proprietors do not hesitate to assert their ability and disposition to satisfy the most exacting of the profession who grace the Durham meeting with their presence. ad-4-16

For the Protection of the Patient.

In this day of sophistication and substitution the earnest physician cannot be too careful in following up his prescriptions to see that his patients are given exactly what he wants them to have—and nothing else. Especially is this so in regard to remedies of exceptional quality, such as Gray's Glycerine Tonic Comp. Numerous imitations of this reliable tonic are constantly being foisted on the unsuspecting, and when as a consequence of the patient failing to get the original "Gray's," the expected results do not materialize, the doctor's skill and ability are apt to be questioned. For the protection of his patient and in justice to himself, the physician should invariably write for "Gray's" as follows:

R. Gray's Glycerine Comp.

(Purdue Frederick Co.) One bottle—16 oz.

By thus specifying an original package, the painstaking physician will safeguard his patients and insure his results.

INDICATED WHENEVER A
DEPENDABLE TONIC OR
RESTORATIVE IS NEEDED.

USEFUL AT ALL SEASONS
AND FOR PATIENTS OF
ALL AGES.

Gray's Glycerine Tonic Comp.

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Quickens the appetite.
Stimulates gastric activity.
Promotes assimilation.
Improves nutrition.
Restores bodily strength.
Increases vital resistance.

Produces prompt and
satisfactory results in
convalescence from La Grippe,
fevers, etc., atonic
indigestion, malnutrition and
functional disorders in general.

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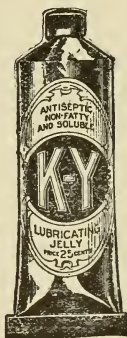
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A Medicinal Trochar, for the treatment of dropsical effusions, is as important an innovation of modern medical science as the therapeutic lancet for the relief of vascular congestion. The latter office has for several years been performed by aconite. The former function is fulfilled by Anedemin. This excellent preparation is a scientifically balanced and skilfully compounded mixture of *Apocynum Cannabium*, *Urgenea Scilla*, *Strophanthus Hispidus*, and *Sambucus Canadensis*. It is well enough, in a general way, to call it a Medicinal Trochar, but, as a matter of fact, of course, its action is much more fundamental and thorough than that of a trochar. It strikes at the root of the trouble, and removes the cause of the *Aanasarca*, rather than its results. It restores the balance between the arterial and venous systems, at the same time improving cardiac tone, and this prevents the accumulation of fluids in the tissue. The Anedemin Chemical Company, Chattanooga, Tenn., will be pleased to furnish physicians with a liberal working sample of Anedemin Tablets for a thorough try-out. Anedemin is a remedy dependable always, can be pushed and administered with safety wherever indicated. Has no cumulative action.

ad-6-16

Theories may come and theories may go in regard to the etiology and pathology of poliomyelitis, but the grim certainty of the paralysis and the necessity for providing orthopedic support for the disabled muscles go on for ever. There is no question about this phase of the disease. And while the pathologists are disputing and discussing the causative factor, the orthopedist is busy rectifying the damage wrought by the storm when it is spent. There is practically no attack of poliomyelitis that does not leave a residual paralysis behind it. Whether that paralysis be permanent, or whether it recover, depends largely on the efficiency of the appliances used for its correction. The doctor alone cannot solve this question. He must have the intelligent cooperation of the orthopedic mechanic and manufacturer. It belongs to what Dr. Truax calls the "Mechanics of Surgery." Doctor, you can have this intelligent cooperation for the asking. We heartily recommend that you make the Philo Burt Manufacturing Company, of Jamestown, N. Y., your consultants and partners in handling these cases.

ad-3-16

Danger Due to Substitution.

Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol.

The most recent fraud practiced in regard to this product is an attempt to profit by the renown of Sander & Sons. In order to foist upon the unwary a crude oil, that had proved injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit.

This fraud, which was exposed at an action tried before the Supreme Court of Victoria at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribed. No "just as good" allowed.

Times of Efficiency.

Hands that know how and when to use counter-irritation and analgesia, will secure very gratifying results from the use of the Anodyne First-Aid—by which is meant K-Y Analgesic.

Counter-irritation, to be ideal, requires that the agents used be rubefacient, that the skin can be generously reddened without producing a blister, so that the full effect upon the nerves reporting pain can be obtained. K-Y Analgesic is greaseless, an advantage that will at once bespeak favorable attention, because the absence of grease assures not only full effect locally, but increased power on the part of the skin to absorb analgesic agents. Being water-soluble, K-Y Analgesic can be removed quickly and easily—and since it is non-toxic or non-irritant, it can be used as often as desired. It does not soil or stain skin or clothing.

For the relief of headache, neuralgia, myalgia, rheumatic pain, stiff joints, aching muscles, sore spots in the tissues, lumbago, sprains, sore throat, etc. K-Y Analgesic is of extreme service to the considerate doctor—considerate of his patient's welfare—and of his patient's comfort as well.

Consideration for his patient's comfort also suggests Friction's Antidote—K-Y Lubricating Jelly for instruments of penetration, chafes, burns, pruritus, dermatitis, etc.

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We have been doing business on that plan for more than fifteen years. During this time more than 25,000 cases of spinal trouble have been either wholly cured or greatly benefited by the Sheldon Method consisting of a light comfortable appliance and special exercises.

If you have a case of spinal weakness or deformity now—no matter whether it is an incipient case or one seriously developed—write us at once and we will send you full information about the Sheldon Method, with incontrovertible proof of its efficiency.

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This book is just off the press and is a very valuable book for the general practitioner. The following subjects are covered in special chapters: Resources, Growth and Development, Stools in Infancy, Breast Feeding, Handling of Normal Baby on the Pottle, Care of Premature Baby, Digestive Disturbances of Breast Fed Infant, Digestive Disturbances of Artificially Fed Infant, Difficult Feeding Cases, Infant Feeding During 2nd Year, Marasmus, Infectious Diarrhea, Preparation of Formulae, Caloric Needs of Infant, Milk, etc.

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Professor of Pharmacology and Therapeutics, College of Medicine of University of Illinois, Chicago.

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Candy Medication has given such delightful results in private practice among children that the author believes it should be more widely known and used. Researches conducted by the author in the Laboratories of the University of Illinois form the basis of this little book. The making of this form of medicine is explained so plainly, and in such a manner that this book should prove a wonderful help to the general practitioner of medicine. It is bound to lessen the difficulties experienced by nurse and mother in giving medicament to the sick child; and help to makethe doctor more popular with the little ones. This volume has just come from the press.

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VITAL STATISTICS—SUMMARY FOR THE MONTH OF JANUARY, 1916.

CITIES	Pop. U.S.C. April, 1910	Est. Pop. July, 1915	Deaths 1914- 1915	Births 1914- 1915	Still- Births	Death- rate 1914- 1915	Birth- rate 1914- 1915				
Asheville	18,826	20,556	45	46	21	32	7	26.2	26.8	12.2	18.6
Charlotte	34,138	38,481	64	64	72	68	2	19.9	19.9	22.4	21.2
Concord.. . . .	8,731	9,266	16	11	20	35	1	20.7	14.2	25.9	45.3
Durham.....	18,469	23,961	37	23	39	36	3	18.5	11.5	19.5	18.0
Elizabeth City	8,455	9,500	10	8	25	21		12.6	10.1	31.5	26.5
Fayetteville	7,071	8,534	17	15	14	15	1	23.9	21.0	19.6	21.0
Greensboro	16,018	18,983	25	35	27	26	4	15.8	22.1	17.0	16.4
High Point	9,638	12,753	8	19	30	40		7.5	17.8	28.2	37.6
Kinston	7,055	8,515	9	12	16	17		12.6	16.9	22.5	23.9
New Bern	9,976	10,859	24	32	12	28	3	26.5	35.3	13.2	30.9
**Raleigh	19,213	19,932	47	53	51	49	4	28.2	31.9	30.7	29.5
Rocky Mount	8,158	11,997	15	17	14	19	1	15.0	17.0	14.0	19.0
Wilmington	25,848	28,263	58	46	53	47	8	24.6	19.5	22.5	19.9
Wilson	6,784	8,399	16	16	14	10	1	22.8	22.8	20.0	14.2
Winston-Salem	22,890	30,141	39	58	38	57	3	15.5	23.0	15.1	22.6
Total	221,270	260,095	430	455	446	500	38	19.3	20.6	20.9	24.3

*No. of non-residents, 6.

**No. of deaths from State Institutions, 10.

DEATHS—BY PRINCIPAL CAUSES, ACCORDING TO LOCALITY AND AGE, JAN., 1916.

CITIES	Contagious diseases	Typhoid Fever	Tuberculosis of Lungs	Tuberculosis of other forms	Cerebro-Spinal Meningitis	Cancer	Pel legri	Diarrhea and Enteritis "Under two years"	Diarrhea and Enteritis "two years over"	Pneumonia; including broncho	Suicides	Homicides	Accidents	Under one year	One to five years	Five to six-five years	Sixty five years and over
Asheville				10			3		1		8		2	9		24	13
Charlotte				2	1		1	4	5	1	18		2	18	7	29	10
Concord				2				1			1		1	1	1	6	3
Durham	1	1		3	1		2	3			3		1	1	2	15	5
Elizabeth City		1		1			1	1			2			1		3	4
Fayetteville				2							5		3	1	1	9	4
Greensboro				3			4		2		3	1	1	7	2	19	7
High Point				3			2				1		2	2	2	12	3
Kinston				6							2			2		9	1
New Bern	2			2	1		1			1	9	1		8	3	15	6
Raleigh				5	3	1	4	1	3		3	1	1	9	1	33	10
Rocky Mount	1	1		6				2	2		7		2	1	2	13	1
Wilmington				4	1						7		4	5	6	29	6
Wilson		1		1	1			1	1	5		1	1	2	12	1	
Winston-Salem	1			12			1	2	3		14		3	10	2	42	4
Total	5	4		62	8	1	19	14	17	3	18	3	23	76	31	270	78

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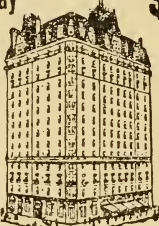
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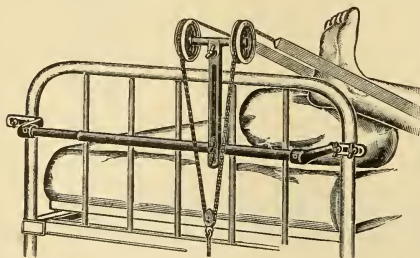
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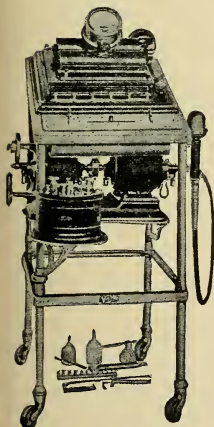
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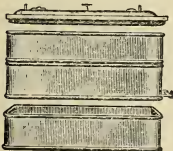
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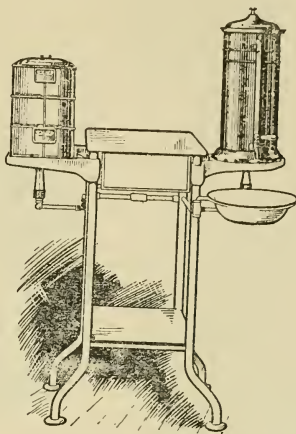
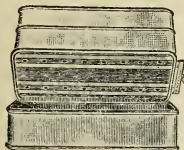
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Dr. Edwin Gibbons Moore, Elm City, N. C.

The Charlotte Medical Journal

VOL. LXXIII

CHARLOTTE, N. C., APRIL, 1916.

No. 4

**EDWIN GIBBONS MOORE, M. D.,
ELM CITY, N. C.**

Edited by Drs. D. W. and Ernest S. Bulluck,
Wilmington, N. C.

The history of Dr. E. G. Moore and the history of the town of Elm City, N. C., are inseparable. He admits that he is only a small cog in the activities of his town, but any one who knows will vouchsafe that he has been the balance wheel in the life of his town for many years. He was born at Williamston, N. C., November 13, 1861, his parents being John Edwin Moore and Martha Jolly Moore. He was a boy of few words and excellent spirit. His education began at the time when most boys become imprisoned in school and continued at the Arrington High School, Rocky Mount, N. C., Conyers High School, Elm City, N. C., and Trinity College, near High Point, N. C. He was graduated from Trinity College in June, 1880. After his graduation he taught school at Ridgeway, N. C., one term; but being a young man with a mission, his preparation was only begun, and he entered the College of Physicians and Surgeons at Baltimore in 1881. The following year he changed to the University of Maryland, from which he was graduated in 1883—in his twenty-first year. The same year he passed the State Board at Tarboro, N. C. Then it was that the long finger of fate pointed to Elm City, N. C. (then Toisnot).

Elm City needed him, and he still resides within her gates. His serious, practical face, his stately form, his firm martial tread, his cool and equable temper, his impartial justice and withal his courteous bearing and kindly spirit soon planted him in the hearts of his people, and built up a stronghold thereabouts. They learned to associate his appearance with sure victory and constant care for their comfort and safety.

He has run full abreast of the times by doing post graduate work—at Post Graduate of New York and New York Polyclinic.

Dr. Moore is a moving spirit of the medical organizations. He is one of the charter members of the Wilson County Medical Society (organized in 1895). He is a member of the Tri-State Medical Association, the Seaboard Medical Association, and the Fourth District Medical Society, which he has served as president. He has also been a member of the State Medical Society

since 1890. He has been a member of the A. C. L. Surgeons for several years. Recently he was elected a member of the Board of Medical Examiners of his State.

Dr. Moore has varied business interests in his home town. He has been an alderman; also County Health Officer. He was director of the State Hospital at Goldsboro, N. C.; later at Raleigh, N. C.

Dr. Moore has practiced concentration on little things until he mastered them, and then moved on to larger things. The medical associations have recognized his talent, and in 1894 he delivered the annual oration before the State Medical Society. And we must not dwarf our praise of the beautiful tribute he paid to General Robt. E. Lee, at Wilson, N. C., January 19th, 1916, under the auspices of John W. Dunham Chapter, Daughters of the Confederacy, on the occasion of the annual Lee-Jackson birthday celebration.

In December 1884 Dr. Moore married Miss Annie M. Thompson, of Goldsboro, N. C., a lady whom everybody has learned to hold in great admiration and respect. Seldom is such a congenial union to be recorded. She has entered into all of his interests and has made them her own.

FURTHER OBSERVATIONS ON THE USE OF NITROUS OXIDE OXYGEN AND BRIEF RE- PORT OF 2,900 CASES.*

By Southgate Leigh, M. D., F. A. C. S., Jas. H. Culpepper, M. D., and Harry Harrison, M. D., Sarah Leigh Hospital, Norfolk, Va.

When the Clinical Congress last met in Chicago, Murphy's Clinics at Mercy Hospital were daily crowded to the doors. During the intermission between cases Dr. Murphy was in the habit of calling on prominent visiting surgeons to address the audience. We attended one of these clinics and were fortunate enough to be present when Dr. Crile of Cleveland was invited to speak on any subject he might choose, and we were not surprised when he stated that he knew of nothing of greater interest or greater importance than Nitrous Oxide Oxygen Anesthesia.

For the past four years, we have felt that the practical development of Nitrous Oxide

*Read before the Seaboard Medical Association of Virginia and North Carolina, December, 1915.

for use as a general surgical anesthetic was one of the foremost advances that has taken place in surgery for twenty years at least.

In a simple way we have written and spoken on this subject a number of times and before several societies. Being tremendously impressed, as we are, with the pronounced advantage which it offers over chloroform and ether, we naturally wonder that it has not come into more general use.

Its one chief disadvantage (if it may be called such), that is, that it requires a skilled and experienced anesthetist for its successful administration, seems in the mind of a large majority of surgeons to outweigh all of its many attractive features.

Chloroform, now a days, is but little used in surgery and may be eliminated from this discussion.

Ether, given by the most expert and experienced anesthetists, and according to the most approved methods, is still disgusting to the patient, causes too much nausea, leaves the patient more or less drunk afterward, frequently and seriously irritates the lungs and kidneys and in some cases produces immediate depression.

Nitrous Oxide Oxygen is pleasant to taste and smell, produces little or no nausea, has no effect on lungs, kidneys or heart, and permits of immediate and complete restoration of consciousness.

In 2,900 consecutive cases, we have not only had no mortality, but we have seen no bad effects whatever from the anesthetic.

These cases have covered practically the entire field of surgery.

We make no claim that every case is "plain sailing." But we do claim that in those cases that are difficult to handle, the difficulty would be much greater with ether. Take alcoholics for example. They are all hard to anesthetize with ether, and frequently it is impossible to get them relaxed. They do not take Nitrous Oxide Oxygen smoothly, but they take it better than ether, and the danger to them is much less.

In some few cases where Nitrous Oxide Oxygen is used the surgeon is disturbed by the anesthesia, the patient being not so completely and entirely "knocked out" so to speak as with ether and the operator may be put to a little more inconvenience; but we feel that this is nothing considering the tremendous advantages which greatly outweigh this drawback.

Critics, none of whom have had practical experience with the anesthetic, have claimed that it is dangerous and have referred to certain fatal cases that have been reported. On investigation it is found that every one of these cases occurred in the

hands of the unskilled and were cyanosed.

In our own work, we never permit the least cyanosis and in this respect we believe that our method is now a little better than Crile's.

In a recent personal letter from Dr. Crile, he stated that he had had 14,000 cases without a fatality and that increased experience made him feel still more strongly that Nitrous Oxide Oxygen was by far the safest anesthetic yet known if administered by the experienced and skillful.

In previous reports we have gone into this matter so much in detail that we hesitate to repeat it on this occasion.

The rapidity with which the patient is anesthetized and recovers is most advantageous, saving about half an hour in the average case. The absence of delirium, the great lessening of nausea, and the practical absence of post operative complications is most helpful to the patient and comforting to the surgeon.

Old people take the anesthetic particularly well, show no depression whatever, and are mentally much aided by the rapid restoration of complete consciousness.

We used Nitrous Oxide, as far back as 1890, and for a number of years continued to employ it for minor operations and simple treatment, sometimes using it pure and at others mixing with air. Later we conducted a series of experiments by mixing it with oxygen so as to safely prolong the anesthesia and prevent cyanosis. In this work we claim some originality, although we learned later that similar investigations were being carried on at about the same time by Teter in Cleveland and Gatch in Baltimore.

In the handicapped and the desperate cases Nitrous Oxide Oxygen is a life saver in that it unlike ether adds nothing to the risk, which is already great.

In bronchial, lung and kidney diseases it causes no irritation whatever.

In obstetrical operations it is ideal, causing no after relaxation and no tendency to hemorrhage. What could take its place in Caesarian section for Eclampsia? In a recent case of this kind, twenty-five minutes elapsed from the beginning of the anesthesia to the time that the patient regained consciousness after the completion of the operation. The uterus contracted quickly and firmly. There was no hemorrhage. The child cried at once on being delivered and both mother and child made a rapid recovery. Ether would certainly have added seriously to the risk for both.

In concluding these brief remarks, we would say that while the ideal anesthetic is yet to be discovered, still we believe, and increased experience makes us more posi-

tive in this belief, that Nitrous Oxide Oxygen in the hands of the skillful and well trained anesthetist is by far the pleasantest and safest anesthetic, and that compared to chloroform and ether it is in many respects ideal. We further believe that however much trouble it may entail, every up-to-date surgical hospital should be equipped for its safe administration.

NOTE—we have on hand a limited number of reprint of our former discussions on this subject which we will be pleased to send to any members of the profession who may desire them.

KEMP PLUMMER BATTLE, JR., A. B.,
M. D., RALEIGH, N. C.

Edited by Drs. D. W. and Ernest S. Bulluck,
Wilmington, N. C.

Dr. K. P. Battle, Jr., whom we honor this month, is one of the brightest stars in our medical firmament. He was born at Raleigh, N. C., March 9, 1859. His high school life began at the age of twelve, at Bingham School, Mebane, N. C., under the tutorship of Col. Wm. Bingham and Major Robert Bingham. In 1875 he passed upward to the University of North Carolina, and there came into his life men of rare merit. He was graduated, Bachelor of Arts, with the class of 1879—the class of Gov. F. D. Winston, Judge R. W. Winston, Bishop Strange, Judge J. S. Manning, Dr. J. M. Manning and Mr. W. J. Peele, and such characters, yet in embryonic state. The fall of the same year he began the study of medicine at Chapel Hill and was graduated with the degree of M. D. at the University of Virginia in 1881; also with the same degree from the Bellevue Hospital Medical School in 1882. It was in the latter year that he was licensed to practice, and joined our State Medical Society.

It would seem likely that no part of Dr. Battle's preparation was of greater fundamental importance than his experience as interne at Charity Hospital, on Blackwell's Island, N. Y., and in the Blackwell's Island Lunatic Asylum, New York. Following his interne days came appointment as Assistant Surgeon in the United States Marine Hospital service, 1884 and 1885, stationed at New York, Pittsburgh, Memphis and New Orleans.

In 1886 Dr. Battle gave his special attention to the eye, ear, nose and throat. He studied at the London Ophthalmic Hospital, London Throat Hospital and New York Eye and Ear Infirmary. Since this special preparation he has staken post-graduate courses from time to time.

The firm of Lewis, Battle & Wright, Raleigh, N. C., is the outgrowth of Lewis & Battle—Drs. R. H. Lewis and K. P. Battle, Jr., which firm saw its twenty-eighth anniversary in November, 1914. By this time their clientele had extended its boundaries so far that Dr. John B. Wright, formerly of Lincolnton, N. C., was added to the firm.

Dr. Battle is a member of the Raleigh Academy of Medicine and Wake County Medical Society, of which he was president last year, and of the American Academy of Ophthalmology, Otology and Laryngology.

The medical profession generously recognizes the position of Dr. Battle in the field where he has so successfully labored. He was a member of the State Medical Examining Board, 1897-1900. He was Professor of Physiology in Leonard Medical School from 1885 to 1914, and Professor of Diseases of Throat and Nose in the Medical Department of the University of North Carolina from 1902 to 1910 (when the last two years of the medical course was discontinued). He is one of the ophthalmologists to the North Carolina State School for the Blind, and one of the visiting oculists and aurists to the Rex and St. Agnes Hospitals, Raleigh, N. C. He is also one of the local oculists for the Seaboard Air Line Railway. Additional great honor came to him when he was accepted in 1913 as a Fellow of the American College of Surgeons.

Dr. K. P. Battle, Sr., of Chapel Hill, the "Grand Old Man" of our State University, is the father of a family which has acquired great distinction:

K. P. Battle, Jr., M. D., the subject of this sketch.

Thos. H. Battle, lawyer, banker and cotton mill man, Rocky Mount, N. C.

Herbert B. Battle, formerly North Carolina State Chemist and Director of the Agricultural Experimental Station, and now the head of the Battle Chemical Laboratory of Montgomery, Ala.

Wm. Jas. Battle, Professor of Greek and Acting President of the University of Texas.

The Biographical Dictionary, "Who's Who in America" (for 1914-1915), shows marked acknowledgment and appreciation of the fact that Dr. K. P. Battle, Sr., and his four sons rank with the eminent of their State in the application of talent, energy and industry to the betterment of mankind and the improvement of conditions under which we live.

FINAL RESULTS OF ABDOMINAL OPERATIONS FOR PELVIC DISEASE IN WOMEN. INFLAMMATIONS.

By G. Paul LaRoque, M. D., F. A. C. S. Surgeon to Memorial Hospital, Richmond, Va.

The classification of pelvic inflammatory disease may be very elaborate or very paractical. The simplest of the many standard classifications has long guided our practice:

1. Inflammation of the cervix and fundus of the uterus. 2. Inflammation of the tubes. 3. Inflammation of the broad ligaments. 4. Inflammation of the ovaries or ovarian cysts. 5. Pelvic peritonitis—local, regional and diffuse. The disease may be localized in one or more of these structures or may be widely distributed in two or all locations at the same time.

From the standpoint of bacteriology we have never shared the belief that the gonococcus is the cause of the majority of cases and from our experience we are convinced that this organism is the least frequent cause. We confess that we have not had bacteriologic examinations made. We excuse ourselves for this failure to cultivate the germs upon the basis of the fact that we are treating pathology not bacteriology; we are practitioners and not research workers; and finally upon the observations upon the table of gross inviting lesions and clear cut clinical signs in the living women.

We are impressed with the belief that local pelvic pathology invites infection. We have seen many cases of inflammation in women free from venereal disease. We would take this opportunity to express the belief that in our experience ordinary pyogenic bacteria normally present in the vagina and in the lower bowel, and sometimes apparently metastatic from foci in the nose, throat and other remote areas, were the cause of inflammation in pelvic organs the seat of predisposing local pathology. The idea possessed by certain social workers and ministers that most women are operated upon as a result of the vicious habits of themselves or their husbands is erroneous and grossly unjust.

Practically all of our operative cases have had other pathology antedating the inflammatory disease for which we operated. Laceration of the cervix, lacerated perineum and its results, displacement of the uterus, prolapsed cystic ovaries and ovarian cysts,

fibroids of the uterus, these have constituted the most common antedating lesions. Appendicitis in a few cases has been the direct cause of pelvic inflammation; the sigmoid has been adherent to ovaries permitting extension of infection to the latter; hemorrhoids and inflammation about the rectum have seemed to be conspicuous in a few cases.

The principles of diagnosis of the various inflammatory pelvic diseases in women are fairly well standardized. It is not sufficient, however, merely to label the disease by name. The real diagnosis must recognize exact pathology, local, regional and remote, and discover co-incident and complicating affections. To recognize the various types and stages of inflammatory disease and to recognize inflammatory disease in association with, added to, co-incident with or complicated by other affections, is largely a problem of individual ability.

It is of real importance to recognize such inviting causes of infection as lacerated cervix, subinvolution, malposition and tumors of the uterus and ovaries; coincident or secondary appendicitis; intra or extra-uterine pregnancy; complicating affections of the rectum, bladder and urethra, and disease of the upper abdominal organs especially the bile tract, pylorus and kidneys and finally a broad study of the entire patient together with her physical, domestic, emotional, moral and even her spiritual environment.

The principles of treatment of inflammatory pelvic disease are also definitely standardized and extremely simple. Standard principles must be practiced upon the basis of rigid personal individualization. The best end results are secured through the successful adaptation of standard principles to individual pathology.

In the treatment of inflammatory pelvic diseases, we have had occasion to resort to nearly every operation on the pelvic organs, such as dilatation and curettage of the uterus, repair of the cervix, suspension of the uterus, removal of one or both tubes, removal of the appendix, and even hysterectomy. In other cases ulceration into the bowel had to be repaired and adhesions removed. The diseased appendix has been removed in those cases in which appendicitis was either secondary or coincident with the pelvic disease. Normal appendectomy is routine unless the appendix has been removed previously.

In this report only those cases which required abdominal operation will be mentioned; a subsequent report will record the vaginal operations. No mention will be made also of that large group of cases in which there was a definite clinical diagnosis of inflammatory disease of the abdomi-

*One of a series of papers entitled "Standardization of the Surgeon," read before the Staboard Medical Association, Norfolk, Va., December, 1915.

nal organs and in which no operation was required, or at most dilatation and curettage. We have records of a goodly number of such cases, many of whom seem to be permanently cured.

We have encountered a good many cases of a moderately mild type of catarrhal inflammation of the tubes and uterus in which there was a history of the symptoms recurring, but which were dependent upon a posterior displacement or the pathology of the pelvic organs secondary to uterine and ovarian tumors. These cases will not be reported in this series but in another series of cases dealing with malpositions, tumors, lacerations and miscellaneous affections of the pelvic organs.

We would also state clearly that we have regarded none of these cases as so-called "emergencies." Some of them have been operated upon very promptly after the diagnosis was made, but only when there have been such complications as appendicitis, twisted ovarian tumors and such other affections as of themselves demand immediate operation. On the other hand we have always endeavored to wait, except under such circumstances as just mentioned, for the fever to subside and for the severe pain to be ameliorated.

We have never punctured the cul-de-sac. Our experience is pretty firmly convincing that inflammatory pelvic disease which fails to undergo resolution after a proper application of the modern physiologic treatment of peritonitis by peristaltic pacification, starvation, avoidance of purgatives and frequent hot vaginal douches, required for its cure, operative treatment of such local pathology as lacerated cervix, uterine displacements, ovarian cysts, appendicitis and other lesions inviting to infection and antagonistic to cure. We have acted with entire satisfaction and perfect end results upon the belief that cases curable through vaginal puncture are curable by the physiologic non-operative treatment and cases requiring operation need removal or correction of the underlying local pathology, impracticable through puncture of the vagina. We have removed suppurative ovarian cysts which had been punctured through the vagina by gynecologists.

The details of the operative technique need not be described in this contribution. We have adopted the standards and employed the methods well known to operative surgeons and without special interest to practitioners of medicine.

Many of the cases are of unusual interest, some of them presenting interesting and vital problems of surgical judgment, some of them were desperately ill. It would make the paper unjustifiably long to cite

the details of each such case. The reader who is interested will be able to find it in the abstract of the records without difficulty. The records will be supplied upon request.

The actual operative technique has been performed in each case according to the well recognized methods applied to various types of the disease. We have followed standard practices avoiding originating anything or experimenting with unquestionable procedures. The end results have been effective through our efforts to practice to the very best of our ability in the individual case, things known to be proper.

We have regarded each patient as seriously and as sacredly as if it had been the first we have ever operated upon and as if it would be the last; we have tried to feel that the result in each case would be the same to our statistics as to the patient; if one dies it is a mortality of 100 per cent. and if the cure is not complete the end result is just so much less satisfactory. We have not attempted to originate practices nor to experiment with questionable and substandard procedures. Neither have we followed a fixed, definite and inflexible routine practice of details for any large number or group of cases. On the contrary we have absolutely individualized the treatment of each patient and the details of the pre-operative, operative and post-operative treatment of each case, upon standard principles.

There have been two deaths following operation in this group of 150 cases, one from sepsis and shock following the mere evacuation of a large pelvic abscess due to suppurating ovarian cyst and gangrene of the bowel; the other from pneumonia developing the seventh day and fatal the twelfth day. The final results of consecutive cases of pelvic work are detailed in the reprints which will gladly be furnished to those interested.

The product of our work as shown by final results, has been improved through painstaking care in the rigid individualization of each patient under treatment, a scrupulous technique, the greatest accuracy in the treatment of all details, the so-called "little things" in the management of each individual patient. We have never hurried rapidly. The gentlest and most accurate manipulations of tissues is employed, and rigid personal scrutinization of the minutest details concerning the management of each case before, during and through out the entire period in the hospital after operation. These practices have given us cause to believe that attention to such minutiae have improved the end results of our personal work.

The present study includes the result in all cases for at least three months following operation. In other cases we have learned from for months and years, but on account of the inaccuracy of reports in those which we get and the impossibility to get reports from such a large number of cases, we would not put implicit faith in the scientific reliability of such indefinite information. As a matter of fact the patient and the family doctor are the ultimate judge of the end result and since the large number of cases reported here have been referred to us by members of this Society and since the same doctors continue to refer cases, we are encouraged at least to continue the practice.

THE MIDWIFE.

By Paul Crumpler, M. D., Clinton, N. C.

There has developed all over the country an increasing demand for prohibitive legislation to the illegal practice of medicine. Our law examines and registers qualified physicians, and yet the midwife continues quite unmolested in her barbarous practice. She attends fully 40 per cent. of confinements in this state and in some districts possibly more. She is employed mainly for economic reasons, but being a direct inheritance of the days of witchcraft and the herb doctor, she is occasionally engaged for superstitious and traditional reasons.

Three fourths of them in North Carolina are negroes of the lower and more ignorant class. The vast majority of them are totally ignorant and have no conception of cleanliness, yet they all make frequent vaginal examinations with seldom a pretense of washing the hands. I have also seen cases where manual dilatation was attempted to hasten delivery.

About all the midwife knows how to do is to tie and cut the cord, and if she would confine her activities to what she knows many lives would be saved and much suffering prevented.

Nearly all doctors are familiar with the midwife and her methods and much has been written and said of her, yet she is still with us and her methods have not improved. It is to be regretted that the medical profession who have done so much for the public welfare should act so passively on so important a question where the lives of the mothers and babies are at stake.

It was said that the vital statistics law would solve the midwife question, but I see no difference in their activities since its enactment. They may be reporting

their births to the registrar, having gotten some one to fill out their certificate, frequently the registrar himself, as practically none of the midwives in my county can read or write. I have been approached twice within a week to fill out death certificates for infants who were attended at birth by midwives. These deaths too may be reported; I don't know how they are managed. I think that in some instances doctors obligingly come to the rescue.

It has been urged that we teach the midwife the essentials of cleanliness and instruct her to make no vaginal examinations. This seems to be the only procedure under the circumstances and can be carried out to a limited extent, thereby accomplishing a great good. We may instruct quite proficiently one or two nearer by but in a wide territory of country practice we are constantly meeting up with those who have no care or conception of their duty. In country families where a doctor is engaged a professional midwife is nearly always employed as nurse. Now the number and distance of these women in the country would prevent any intelligent training from the doctor, and we frequently arrive to find that in spite of our best efforts the woman has had her unsterile finger in the vagina. This fact can be more often elicited by inquiry than we imagine.

It is true that the more intelligent class of white people have abandoned the practice of depending on the midwife and employ her solely as obstetrical nurse in which position with the proper intellect and training she can be of great service. But in this capacity she should be of a much higher grade of intelligence than we see most of them today.

There is a demand for good midwives and we may expect to see many years go by before she is abolished, but if she is to practice on her own responsibility she should at least be licensed and under the direct supervision of the county boards of health. This would eliminate the more ignorant and undesirable ones.

It requires four years of study for a doctor to become a competent obstetrician and moreover he has to show competency in preliminary work; then the midwife should at least be compelled by the state to show an average intelligence, be able to read and write, and a practical knowledge of the essential care of the mother and child.

It appears that what we need is less midwives and more intelligent confinement nurses, but since the midwife is a

necessary evil and can not at present be abolished, we can meet the existing conditions by improving them. A simple examination and registration by the county board of health would go far towards thinning their ranks and thereby be a great gain for the public welfare over the present condition.

A second and important means is more careful and better obstetrical work on the part of the doctor. If he would give more attention to the pregnant state and observe a more rigid aseptic and antiseptic technique in labor it would also go far towards educating the public away from the midwife.

PSYCHO-ANALYSES IN THE TREATMENT OF SOME NEGLECTED TYPES OF NERVOUS DISEASES.*

By A. L. Tynes, M. D., Staunton, Va.

The medical profession in this City has recently had the pleasure of hearing read interesting papers in which the etiology of the psycho-neuroses was discussed by two eminent specialists in the field of nervous diseases. Dr. Hodges has spoken of the role played by the infections and Dr. Tucker discussing "Pituitary Disturbance as Related to Some Cases of Epilepsy Psychoses Personality and Other Obscure Problems," has called attention to the effect altered pituitary secretion may have on psychic states. He pertinently asked if within the normal limit of what we know as personality may not the effect of pituitary secretion, greater or less in amount than the average, or changed in character, have a definite effect upon character?

While not wishing to take issue with either of these theories as to the cause of the neuroses and psychoses, we want to suggest that while many of these psychic states may be due to structural changes incident to infection and secretion, there is also a pathology of function, so to speak, quite as important as that of structure. Indeed, "science has as yet established but a trifling degree of correlation between structural change and brain function." (McCurdy—Johns Hopkins Bulletin, May 1915).

We have thought that a brief consideration of a few types of the nervous cases that haunt the office of every general practitioner might be timely. It is the general practitioner who sees these

cases while they are curable, and who must decide whether these so called neurosthenics are suffering from a neurosis, a psycho-neurosis or a beginning insanity. (Emerson—"The Nervous Patient," J. H. B., May 1915).

In the cases we shall report, it must be remembered that a careful physical examination had excluded any evident organic disease. But it must not be inferred from this statement that psycho-analysis has no place in the treatment of nervous diseases associated with a definite physical disturbance. Jelliffe reminds us that complicated emotional states, due to or accompanied by physical disorder, are being constantly met with, and that while we must be on our guard in undertaking to cure these patients with psycho-analysis, at the same time, "So profound a disturbance as the ataxia of tabes with its well known anatomical sub-stratum contains a very large psychogenetic factor in fear, which reinforces the ataxia and makes many bed-ridden who could otherwise walk with but little difficulty." (Jelliffe Psycho Analytical Review, Vol. 1, page 75).

We wish to emphasize the importance of giving a sympathetic consideration to the complaints of the nervous patient. It may and will tax your time, your patience and your skill, but the rewards are sure to come to the painstaking doctor who will use his utmost endeavor to establish psychological relations with his patients. If you are not a pronounced materialist, accrediting scientific value only to such evidence as may be demonstrated in the laboratory, you are willing to admit with Burrow that the essential etiological factor in the so called functional nervous diseases is an "inherent disquiet, an inner unrest, a *mind distraught with irreconcilable dissension," a mind "crying peace, peace, where there is no peace;" that the only hope of relief for such a patient is by means of a method that will reconcile these conflicts, and bring harmony, where there is disharmony.

These mental conflicts, according to the Freudian School of abnormal psychologists, have to do with some repressed wish on the part of the patient, and they tell us the wish most commonly repressed has some connection with the patient's libido. Psycho-analysis or mental analysis is a method by which we undertake to discover the nature of these repressed wishes; these emotional ideas or complexes which are at war with one another, and where failure at repression

*Trigant Burrow—Psychoanalytic Rev., Vol. No. 2, page 121.

*Read by invitation before the Alumni Society of the Medical College of Virginia, Richmond, Va., June 1, 1915.

has induced the hysteria, neurosis or psycho-neurosis of the patient. Dr. White very aptly puts it thus: "Psycho-analysis pretends to do with the human mind what we learned to do with the human body hundreds of years ago; we had to learn to dissect the human body to find out what it was made of just in the same way we have got to dissect the human mind to find out what it is made of."

While the psycho analyst has found out that most of the neuroses are concerned with some disharmony in the sexual life of the individual, this is by no means always the case, says White: "The psycho analyst deals with the patient in a difficulty and he tries to find out what the difficulty is and how to help him out of the difficulty." Psycho-analysis concerns itself not only with the details of the sexual experiences of its patients, but with every interest and every emotion that can affect his life, the knowledge of which may enable the analyst to accomplish his cure.

Let me recall a case of compulsion neurosis which came under my care. The patient, a well-to-do farmer, anthropologically normal, one neurotic sister, consulted me and gave briefly this history: "Three months ago I had the grippe and was quite sick for some weeks. While I have recovered from the acute symptoms, I cannot regain my strength. I have lost weight, have become very much prostrated and am utterly unfit for business. Any attempt at physical exercise brings on shortness of breath and any effort to direct my affairs, even simple directions given to my laborers, makes me very nervous. My head feels queer and I cannot concentrate my mind on my business. The children worry me; every little noise like the slamming of a door or the falling of a book goes through me. I am cross and irritable and feel like I will lose my mind." The patient was given a tonic, advised about his diet, sleep, rest from business etc., and directed to report again. Subsequently he was seen several times and not only no improvement was noted, but he went from bad to worse. He became obsessed with the idea that he would lose his mind, and was much concerned lest he should be placed in an asylum for the insane. A change was advised and he was sent to a well known health resort, but returned much the worse for the trip. In despair, I decided to try psychoanalysis, and after an experience requiring all of the tact and patience at my command, I obtained the following anamnesis: "The first day

that I was able to go to the dinner table after getting up from the attack of grippe, just as I was lifting a morsel of food to my mouth, this unbidden thought flashed into my mind; (an unprintable oath). It fairly made me sick. I became pale and thought I would faint, and had to leave the table. From that time, such thoughts were almost constantly in my mind. I was damning my Maker, my wife and children and my neighbors. When I would kneel down to say my prayers or say "grace" at the table, there was still no escape from it. This has continued until I know it will not only drive me to the asylum, but will ruin my soul. I feel that it is an awful sin and God will punish me for it. I have been elected to an office in the church, but I cannot accept the position with this terrible secret sin hounding me day and night and driving me to the mad-house."

In this case, the idea which presented itself to the patient while at the table could not be repressed—forgotten. It became a "psychic trauma," a psychic boil." He tried to repress the painful idea by what Freud calls the process of "conversion," but failed. The affect became detached from the idea. But instead of being converted into the somatic, producing some hysterical symptom, such as a paralysis or arthritis as I have seen in several patients, it remained in the psychic sphere. He began to think that one who harbored such profane thoughts must be an unpardonable sinner, and that he was most likely doomed to eternal punishment. Here the unbearable idea of profanity allied itself with the suggestive one of punishment and he no longer thinks of the idea he had at the table, but becomes burdened with the obsession of his unfitness for church work and of his spiritual doom. I am aware that he was on the borderland of "melancholia," but the prompt relief following psycho-analysis will not warrant such a diagnosis. I was unable to complete this analysis, although the patient at the time and since his perfect recovery has co-operated with me in an effort to do so. He says he has a vague recollection of hearing a workman on his father's farm use the expression that came into his mind at the table, but no effort at free or word association can explain why or how the oath was recalled after over thirty years.

While I was unable in this case to trace any connection with the patient's sexual life, we are mindful of Freud's dictum: "No neurosis is possible in a normal *vita sexualis*." I regarded this as being a case

of compulsion neurosis of psychogenetic origin; whereas neuresthenia and anxiety neurosis are due according to Freud, to somatic sexual injuries.

Dr. Tom Williams, to whom this case was related, says this automatic flight back to consciousness of a long since forgotten event is a well acknowledged phenomenon of the psyche. Here the paramount issue is a conflict between the painful idea of profanity and the effort of the moral censor to repress that idea. Trigrant Burrow of the Hopkins says: "The essential moral situation present in the neuroses, the inherent conflict of good and evil is the dominant picture in these disorders." (Burrow—Character and the Neuroses, *Psycholytic Review*, Vol. 1, No. 2). If you will apply this dictum to the cases I report and to your own, you will realize the truth of this statement in every instance.

I was called to see Miss W., a young woman about thirty years of age, intelligent, well educated, and a member of an excellent family. Her family history was negative as to neuroses and physically she was a perfectly normal young woman. She was confined to her bed, but was able to be up each day. She complained of a dull pain in her hip and spine at the sacroiliac-sinchronodrosis. This pain was worse on locomotion but there was no tenderness on pressure. The patient was exceedingly nervous and became emotional when she referred to her sickness, which was of two years chronicity. An examination of the affected area and of the pelvic organs revealed no departure from the normal and after a careful study of the case it was decided that we had a functional neurosis to deal with. The situation was explained to the patient and analysis was advised, to which she consented. A brief history of the case is herewith presented:

Her first interest in sexual matters dated back to her earliest recollection, when she recalled being curious about the habits of the chickens and the pigs about the premises, but her first erotic impressions date from an experience when sixteen years of age when a school mate put his arms around her during a carriage drive. The patient said to me: "Dr., it was joy. I tried to assume an air of indignation, but in my heart I longed for him to repeat it, which he subsequently did." A few years later she had a very passionate love affair and during this time she told me that she became so sexually excited, to quote her, she "all but crossed over the line." After fre-

quent nightly seances with her lover, she would retire to her room in a state of erotic excitement and soon learned, and for the first time, to practice masturbation. The affair with the young man was broken off, but the habit continued for a year or more. During this time she made an effort to abandon self-abuse, not only on account of the reaction to shame, but because some literature which fell into her hands portrayed the dire consequences following the habit. She became more and more sensitive and finally gave it up, but not until she had developed a very troublesome neurosis. She had become emotional, sensitive, irritable. She had developed the pains in the hip and back and the light-hearted young woman of a year or two before, had become a pronounced neurotic, going from one doctor to another seeking relief.

The analysis of this case had continued about two months; the patient was very much better and each day I saw her I would think she might be dismissed the next, until one day she said to me: "Doctor I have told you absolutely everything there is to tell with one exception, and that is this: I want to tell you now that I always used the head of a hat pin as the means of self abuse, and I have ever since feared that I may in some way have injured my hip joint or my spine" and my pelvic organs. This idea had become an obsession with her and accounted for the very severe anxiety neurosis from which she suffered. I have no more genuinely appreciative patient among my case histories than is now this perfectly well young woman.

The mechanism in this case of anxiety hysteria with imperfect conversion is typical of this type of neurosis. We have in this young woman a conflict between an active libido on the one hand and the moral censor on the other. A conflict between her desire "to cross over the line" and the conventionalities of society. Masturbation was resorted to as a defense effort and the reaction to shame compelled her to give that up. I want to say here that years ago I frequently heard Dr. Hunter McGuire say just as Brill has so recently said, that years of observation have taught him that as masturbation is practically universal, it cannot be considered the terrible demon it is painted to be by some. Whatever harm it may do is mostly produced indirectly by the constant struggle which accompanies it. (See Brill *Psychoanalysis*, page 84). Miss W's. excitement during the engagement period induced the masturbation to which she resorted be-

cause she was afraid to "cross over the line" and from a masturbating neurosthenic she readily merged into the anxiety neurosis, because her self-abuse had unfitted her for a life of sexual abstinence. (See Brill *Psychoanalysis*, page 82).

The pain in the back was an imperfect effort at conversion. She tried to forget or repress the emotion of shame at her former act of self abuse. But as Brill would probably say: this repression or forgetting never succeeded completely; the painful idea of shame continued to strive to come to the surface but was inhibited by the psychic censor, and the conflict between these two forces resulted in a compromise which is transformed into the somatic hysterical symptom of pain in the hip and back. The "crossing over the line" was the repressed wish of the patient made unattainable by the inhibitions of religion and society.

The censor relegated this wish to the field of the unconscious, but as repressed wishes which are not completely submerged ever strive to return to the field of awareness, so this wish appears in a distorted form as the hysteria for which the patient is seeking relief.

The patient finally confesses that she fears that she has irritated her pelvic organs with the head of the hat pin which in her phantasy has become the symbol of the male organ.

Two months ago, I was consulted by Mrs. X., who told me she had absolutely no physical pain or disability so far as she knew, but that she found it impossible to become interested in her baby, an infant six months of age, or to return to her household duties. She had just returned unimproved, she thought, from a seven weeks stay in a private sanatorium for nervous and mental patients where she had been treated by all of the various mechanical methods in vogue in such hospitals.

During the first consultation, the patient was exceedingly nervous and at times despondent. She always became emotional and wept aloud at a reference to her baby, for whom she said she not only had no love, but experienced an actual aversion. Her husband said that when she returned home from the hospital she took absolutely no interest in the baby whom she had not seen for two months and would sit for hours saying but little to any one, frequently weeping and complaining of her unhappy condition. This case is of special interest to me because the patient was apparently completely restored to health within a fortnight, without any attempt at minute

analysis. The anamnesis was practically sufficient. We explained to her that we believed the baby had something to do with her unhappiness and with but little persuasion she related this story: "While I have never been passionately fond of children, I was devoted to my little son who is nine years of age. He was quite a care for the first few years, but of late he has been at school and I have had an opportunity to enjoy a congenial social life. Then all of this was interrupted by my last pregnancy and I began to dread not only the trying ordeal of confinement, but the idea of having to abandon my social pleasures for another period of years. I was ashamed of myself for feeling this way about my pregnancy, but in spite of my efforts I could not feel otherwise. I felt like I was an unnatural mother and was ashamed for my husband to know of it. Shortly before the baby came, we went to housekeeping for the first time and the home cares and my fears and forebodings became almost more than I could stand. After the baby came, my husband's business called him away from home a great deal and I found the responsibilities of the home and the crying of the baby more than I could endure. I found myself blaming the little baby for every care and unhappiness that came into my life. Then to add to my wretchedness, my aversion for the little girl was extended to my son and I find I have no more affection for him than I have for the baby. No, I have never ceased to be devoted to my husband and he is the only one in the world who is anything to me." Her condition had become so serious that, as stated, she had been placed in a well known sanatorium in a distant state. When I saw her, after her return from the sanatorium she had not regained any of her lost flesh, about twenty pounds, and her husband told me she seemed but little improved. Within three weeks from the first visit, she was able to return to her home, and I have not only heard frequently from other members of her family of her complete restoration to health, but a few days ago she sent me a letter from which I quote: "I am myself once again and have been ever since my return. My housekeeping duties are nothing at all to me and the baby is just a little darling—one of the sweetest joys of my life. How impossible that would have been for me to say a little over a month ago. She is doing so nicely, has two teeth and a smile for everyone."

This case is reported to illustrate the fact that the patient may be re-

lieved by careful history taking in which the patient is encouraged to discharge her repressed emotivity; her painful complexes were cleared up and her *libido* which had concerned itself about her unnatural antipathy for another baby and shame lest her husband find it out, was directed into other channels with an almost immediate relief of all her symptoms.

In conclusion, let me urge you as general practitioners to study the individual psychology of your patients. I believe with Jelliffe, whom I here quote freely, that every sincere practitioner can practice Psycho-analysis just as he can practice surgery. He may limit himself to minor surgery or he may attempt more difficult operation. So with the methods of psycho-analysis; if the practitioner will make an earnest effort to understand them, he will be enabled to be of enormous service even when using the simplest fundamentals. On the other hand, it is important for us who are in general practice to know that the complicated cases need a more complete grasp of the methods, and should be referred to the skilled psychoanalyst just as an operation upon the brain requires more than a general knowledge of the principles of minor surgery.

Let us assume that our nervous patients' symptoms mean something; that they are as real as a dyspnoea. That as the dyspnoea is the result of some physical antecedents, so these nervous symptoms arise from some necessary psychical antecedents. Then at once it will become apparent that infections and auto-intoxications, perverted chemisms can never explain the content of an idea and that every idea—mental fact has a basis which is as absolutely determined as any other reality of nature. (Ely Smith Jelliffe—The Technique of Psycho-analysis, Psychoanalytic Rev. Vol. 1, No. 1, page 67-69).

PAINLESS CHILD BIRTH.

By C. W. Hunt, M. D., Brevard, N. C.

I graduated at the College of Physicians and Surgeons, Baltimore, Md., with the class of 1880. Among my preceptors was Prof. Wiltshire, a man of erudition and action (at one time "one of Mosby's men") who gave us a "quiz" each week. I remember his remarking to our class that if, when we commenced practice, we would give an anesthetic to relieve labor pains, such procedure would be voiced to our credit all over the country. One student promptly asked, "what about it, professor, if the patient died?" and Wiltshire as promptly met the objection by stating, "the patient will not die if you do your work properly."

Naturally I have always felt that it was my duty to relieve the pains of labor as much as possible and do everything in my power to aid the woman during the ordeal of receiving that greatest of all earthly crowns, the crown of motherhood.

Many years of obstetric experience have taught me that there is plenty to keep the physician busy, from the commencement of a case to its end. If you know what to do and do it there is no such thing as "meddlesome midwifery." Stay with the patient from start to finish; if at all possible, comforting her by your mere presence, through the first stage, though it be long. From your own patience, coolness and self-reliance, the patient derives hope, and courage and has the satisfaction of knowing that you are on hand prepared to meet any and every emergency.

This is the time to tell her not to worry, that you will take good care of her and relieve all undue pain; that she has nothing to do but to keep quiet and remain in good hope and spirits, that you are there to help her and are going to stay. Yes, stay and work with your patients, even if you are tired, hungry and sleepy and your head, back and arms ache from giving help. Never hurry except for the benefit of the mother or infant, use forceps frequently if the welfare of the mother or child so requires, but never use forceps simply to save time for yourself. There is no place for pop-calls in obstetrics and the man who—for his own benefit—"expedites matters" proves false to his trust. Such "expedition" is truly "meddlesome midwifery."

Commencing in 1880 to relieve the pains of childbirth, I for some time gave chloral hydrate for the first (dilation) pains and sulphuric ether for the pains of expulsion. Later, regarding chloral hydrate as somewhat treacherous and ether as bulky and therefore inconvenient to carry, I substituted chloroform which I used for many years; giving just a little at a time to relieve the earlier pains, and more towards the last, so that the child would be born without the mother's knowledge.

Next came the discovery—equaling that of chloroform—or ether—of that younger sister, H-MC—Hyoscyamine-Morphine and Cactoid Compound, forming with chloroform and ether, the anaesthetic Triad.

For the full history of H-M-C in obstetrics I will refer my hearers to the files for several years of *The American Journal of Clinical Medicine*, Chicago, Ill. For the convenience of those who do not have time to look up the matter in full, I will mention in particular the article "More About 'Twilight Sleep' in Labor," by Frederick Leavitt, M.D., St. Paul, Minnesota, which appeared in *Clinical Medicine* for April 1915.

I have personally thoroughly tested and found good and reliable each claim for the use of the H-M-C in obstetrics and have not found the fears, doubts and criticisms advanced in certain other journals well founded.

This compound, to quote a sage commentator, "will stupefy and dull the sense awhile, but there is no danger in what show of death it makes, more than the locking up the spirit for a time, to be more fresh reviving."

I first used the H-M-C tablet in obstetrics in 1906. On June 23, 1908, I treated a patient and induced not a "twilight" but a "midnight sleep," which is deeper and better, resulting in an entirely painless labor and delivery. This case was reported in *Ellingwood's Theraputists*.*

From years of experience in using and trying to cultivate an intuitive knack in adjusting the dose to the symptoms and conditions to be overcome, I can state without fear of successful contradiction that the intelligent use of H-M-C is desirable throughout every stage and during every process of labor.

Beneficial alike to mother and child, in that it renders labor easier and quicker by relaxing the contracted cervix and the oftentimes unyielding muscles of the soft parts without lessening the force of the contractions. Surely it is a boon to both patient and physician, in relieving the worthless premonitory pains that, when unchecked, so tax the woman's nerves, patience and strength, often wearing her out before the real labor begins.

H-M-C is not injurious to the babe, when properly used. As a matter of fact, I have not met with as many "blue babies" since using this agent as I formerly had. The woman's general strength is conserved, there is less shock and other debilitating effects of ordinary labor, and recovery of health is distinctly hastened. It should be given in sufficient

*See an article entitled "Case Notes on Hyaline, Morphine, and Cactin—H-M-C-Comp," by C. W. Hunt, M. D., Brevard, N. C. *Ellingwood's Theraputist*, November 15th, 1908, page 336.

and repeated doses (according to the needs of each individual as shown by constant care and watching at the bedside) to produce a painless sleep. I would call it a "midnight sleep" in place of a "twilight sleep"—the latter form of anesthesia is in my estimation too light.

All the stage setting and word painting indulged in by our German brethren as to the necessity of some special hospital, some peculiar place, with "a dim religious light," and peculiar and mysterious surroundings for the administration of the compounds is merely "mystifying" talk as also is their claim for the virtue of the so-called memory test; the "memory" necessary is on the part of the physician, to remember each stage and every condition of the labor and proceed accordingly. Of course, the more quiet we keep any individual under anesthesia and the more complete the preparations for her case, the better.

I have used H-M-C successfully, using forceps when necessary, with no assistance whatever save that of some wife of a mountaineer who did manual work about the room.

The "memory test" and the playing to the gallery by showing in the magazine, reading-advertisements, pictures of the babies born when the more dangerous German substitute was used, is about on a par with the claim that "my method and my hospital in Germany" is the whole and only show.

When H-M-C was first used, not a few observers claimed that it caused "blue babies." My experience was to the contrary and I so expressed myself. If there was any difference, I met, as stated, with fewer blue babies than I had before commencing the use of the tablet. I believe that the consensus of opinion now is that the tablet does not cause blue babies, when properly administered. When we do have a "blue baby" we must in common fairness remember that these same causes may exist when the tablet is used as were present before the compound was discovered. Among other conditions which will cause a "blue baby," are: The mother's constitutional state; the child's constitutional state; a prolonged slow labor; an unyielding and slowly dilating cervix; excessive pressure on the head from various causes; want of proportion between the infant's head and the mother's parts, etc.

If H-M-C relieves pain and spasm of the muscles, relaxing the soft parts and at the same time stimulating the circulation it strikes me that all other things being equal, we would have fewer blue

babies from using it, especially when we remember that from the fact that the parts are relaxed the stage of expulsion is shortened. Moreover, H-M-C energizes the contractions so there is really less danger of post-partum hemorrhage.

Of course, this, like all other questions, must be decided by each man's individual experience resulting from his judgment of dose and concomitant general treatment. I am only giving my personal opinion for the little it may be worth.

Speaking from memory, I would say that I would regulate dosage about as follows. If on my arrival the character of the pains and conditions generally suggested "a false alarm" or very premature premonitory (so-called "false") pains I would give one full-strength tablet (Hyoscine hydrobromide gr. 1-100; morphine hydrobromide gr. $\frac{1}{4}$; cactoid gr. 1-16) and then await a fresh start. I would observe the same course if the pains were "high up" or "working upwards," the cervix showing little or no tendency to dilate. In an ordinary case, after the pains have become regular and distressing to the patient, I give one full-strength tablet, then in an hour a half tablet and repeat the latter dose once or even twice thereafter at intervals of one-half to three-quarters of an hour, as the case may require. By closely watching results, amount of pain, the progress of the fetus, etc., we shall speedily learn just how much to give, and also acquire an intuitive knowledge (or sixth sense) as to the amount likely to be required to produce exactly the desired effect in the individual under treatment.

Under the influence of H-M-C, the woman is very susceptible to suggestions and I would advise that advantage be taken of this condition, it being possible thereby to obtain a greater effect from the same amount of medicine. A case in point: On October 12, 1914, I was called to a cabin in the mountains to deliver a stout, muscular, unimaginative woman whose bedroom was a general pass-way, the family continuously going in and out attending to house-hold affairs. Her pains were regular and hard but dilatation slow. I gave one tablet (full strength) and in thirty minutes suggested to the patient that she would soon be sleepy and feel no pain, but that the contraction would continue and the baby be born while she slept. I kept repeating in a quiet voice, "now you are going to sleep; that is right, shut your eyes and go to sleep; now you are sleeping, sleeping, soundly, soundly, sleeping, sleeping." This worked nicely and if an

extra hard pain aroused her I would tell her to "sleep, go to sleep" and she promptly did.

On an average, one full strength H-M-C will, when pains are active, give partial relief in thirty minutes, the effect growing stronger in forty-five minutes and increasing up to sixty minutes, then holding about the same effect for one and a half hours, from first moment of administration. Of course, there is some effect for hours afterwards, but in about one and a half hours, as a rule, the first dose needs reinforcement which I secure by giving half a tablet every one or two hours. I generally administer the tablet by placing it under the tongue and allowing it to be absorbed. I am, of course, fully aware that the hypodermatic route is usually preferred and doubtless produces a prompter and more pronounced anesthesia. To further illustrate, I will state the points in two cases, from memory.

(1). A woman with history of tedious labors. Was called at 8 a. m. Severe first pains. Gave one H-M-C tablet and told her to wait. Called at 6 p. m. Pains more pronounced but no progress dilation of the cervix, plenty of pain but no progress being made. Left three or four more tablets with the directions: "one tablet every three or four hours, as needed for pain and to call me if necessary." Tablets used as directed gave the patient a good night. Next morning before breakfast, was told that labor had commenced. I hurried to patient and was greeted by the lusty cries of the baby which had traveled all night via the painless route and beat us all at the finish. This was, I confess, too much of a good thing not even giving me a chance to have "a finger in the pie." I had difficulty in trying to look wise, explaining why I did not know when it would be born and why I was "not Johnny on the spot." I have found that in my practice—as elsewhere—it is sometimes best to tell the truth, especially when having nothing else "just as good" to offer. I therefore told them that she had received all that was needed under the circumstances for even if a half dozen doctors had been with her, they could not have done more than make labor easy. In a former Labor I was called in consultation to deliver this patient with forceps, a decidedly striking contrast.

Another patient was threatened with miscarriage. For some reason I happened not to make a physical examination as I almost always do in order to note the local conditions, contractions,

degree of dilatation, etc. I merely took the patient's word as to pain, gave one H-M-C tablet and left a second to be taken if needed. The patient did not suffer further or need any attention till I was called to "tie the cord" and explained matters the best that I could. This, baby, though premature, was born without pain.

My present practice is to use H-M-C and chloroform combined or, more correctly speaking, I give H-M-C to relieve all of the average pain but if towards the close patient seems to feel an extra sharp pain, I take "the edge off" with three or four whiffs of chloroform, thus supplementing the action of an ordinary amount of H-M-C. This prevents the possibility of loading the system with an unnecessary amount of narcotic in case of a sudden cessation of contractions, or an unusually quick delivery. Please note that I said an **unnecessary** amount of H-M-C—not a **dangerous** amount. After a prolonged experience with it in varied cases, other than obstetrical, I consider it would require much more than is ever given during a labor of twelve or twenty-four hours to prove dangerous.

A few drops of chloroform inhaled at the moment of a severe contraction or, better, just a moment before the contraction takes place, insures a continuous "midnight sleep" with the use of a minimum amount of H-M-C and the doctor invariably hears the welcome statement, "Oh, doctor, you helped me so much. Is the baby really born? I did not know when it came." This result **could** be obtained with the dose of H-M-C mentioned, without the occasional use of a few drops of chloroform, but the patient might in some cases give an expression of suffering and **appear** to the family to suffer, though when the labor was over she would say that she did not know when baby was born. In the majority of cases, of course, one could safely give a little more of the H-M-C and the small amount of chloroform would not be needed "even for appearance sake."

How many tablets should be given in a case of labor? That is the vital question. How much of any other anesthetic should be given in labor? In neither case can the amount be determined beforehand. So many elements must be taken into consideration, the individual, the amount of "false pains," the amount of genuine labor pains, whether a first or subsequent labor, the duration of each stage of labor—in fact, all of the unmeasured conditions of different deliveries.

I have stated the average amount used by me in an average case. Sometimes, however, we meet with a very obstinate case. For instance, a primipara confined on October 20, 1915. First stage prolonged and pains acute; at 7 a. m. cervix dilated to the size of a silver dollar; patient encouraged to sit up and walk about as much as possible. At 8 a. m. gave one full strength tablet, cervix dilating slowly, patient put to bed and admonished to become quiet and composed and to get sleepy. At ten minutes to nine contractions more pronounced and cervix dilating in good shape. Gave one half a tablet and at fifteen minutes past nine the other half. Patient now drowsy, but holding herself well in hand. First stage progressed slowly. The "waters broke" at fifteen minutes to eleven; here the contractions were most severe. As she was a robust young woman, mountain-bred with the muscles firm and unyielding and not wishing to give more H-M-C as the obstacles might give way at any time, yet desiring that the patient should be perfectly relieved, I gave, after the last tablet, five ounces of chloroform (five times as much as usual) administering a few drops with each contraction till nearly the end of case. Of course, most of this chloroform was wasted, having evaporated before the cone, held by a country woman, reached the patient. Finally all my chloroform was gone and before the baby was born, at one p. m., the woman was depending entirely upon the H-M-C given earlier. She talked a little and grunted, and groaned, etc., as if she felt pain, during these last very severe contractions, but stated after delivery that she did not know when it was born. She talked a little then fell into a good refreshing sleep while baby was being washed and dressed.

I have now written several papers on the use of H-M-C and merely to show that this is not a rush into print with limited experience I may, perhaps, be pardoned for referring to the fact that Dr. Ellingwood made the statement in one of his journals "that I was a past master in the use of the Compound." If any of my readers are from Missouri and seriously doubt my claims for H-M-C let them come over and I will "show them."

The cheapness of H-M-C in comparison with chloroform and ether, effect for effect, recommend it highly to the average doctor—to say nothing of its portability and stability.

If there is an idiosyncrasy in a given patient, the first dose will reveal it and the agent can be discontinued with no

harm done.

A doctor with experience can tell by the character of contractions, "feel" of parts, position of child, etc., if pains are real or based on a nervous or hysterical foundation.

If an examination of urine shows that the patient is suffering from nephritis, H-M-C had best be used sparingly, if at all.

The H-M-C tablet is less dangerous as an obstetric anesthetic than chloroform or ether (though I am happy to say that since commencing practice I have had good luck with all three), it is also fifty times cheaper.

H-M-C does not produce nausea, does not injuriously affect the woman's nervous system, but, on the contrary, shortens the strain thereon; does not (when properly used) asphyxiate the baby; does not weaken the muscular structure, but on the contrary prevents muscular exhaustion. There is no danger of "heart failure" for it is a circulatory tonic. It does not predispose to hemorrhage; does not depress, does not constipate. It never fails to take effect and "afterpains" are less severe—or absent—after it has been used. The originators of the formula have raised an imperishable monument to themselves, and conferred a boon upon woman kind. Not only the present generation, but thousands and tens of thousands yet unborn will rise up to bless them.

Silvol: A Notable Germicide.

For application to mucous surfaces as a germicide, silver nitrate has long been recognized as a distinctly meritorious agent. It has had one serious drawback, however—its use in solution frequently caused irritation. Finally, as was to have been expected, the art of the chemist has overcome this objection. The combination of silver with a proteid base robs the former of its irritating effect. At the same time there is no loss of antiseptic value.

A proteid-silver preparation that is meeting with marked favor by eye, ear, nose and throat specialists, as well as by specialists in genito-urinary diseases, is offered by Parke, Davis & Co., under the name of Silvol. That this product has a number of advantages over most of the silver salts hitherto used is evident from the numerous commendatory references to it that are finding their way into the medical press. An article in point has just come under the eye of the writer and is worth noting in this connection. It ap-

pears in the December issue of the *Journal of Ophthalmology and Oto-Laryngology* and is from the pen of William C. White, D. D. S., Ph. G., M. D., of the University of Louisville.

Dr. White describes Silvol as "a metallic silver in colloidal combination with a proteid base, and slightly alkaloidal in reaction. It occurs in black, metallic, lustrous scales, slightly hygroscopic and very readily soluble in water. In solution it gives a rich seal brown color and produces only a temporary stain to clothing or dressing, which is completely removed by rinsing in warm soap suds. The preparation is so soluble that it requires only a moment to make the necessary solution. The solution does not require filtering; and I wish to emphasize this fact, as it has been my experience with other similar products, especially in heavy solution, that a tarry substance will appear upon the surface, and, unless this is filtered out, it produces more or less irritation to the sensitive mucous membranes upon drying, leaving a very disagreeable burning or smarting sensation to the parts. None of my patients complained of pain or showed any irritation when a ten-per-cent. solution was used; on the contrary, they have expressed a feeling of comfort and a soothing sensation immediately following the application."

In summarizing, Dr. White names these advantages as applying to Silvol: "Quick solubility in any solution necessary for application to mucous membrane; less staining than by other proteid silver preparations; high percentage of silver content; minimum amount of irritation when applied to mucous surface; low percentage solutions necessary as compared with other similar preparations."

Silvol is supplied in powder (ounce bottles) and in 6-grain capsules (bottles of 50). The contents of two capsules make one-fourth ounce of a 10-per-cent. solution. Silvol Ointment (5-per-cent.), for application to regions where the use of an aqueous antiseptic solution is not feasible, is also offered. This ointment is marketed in long-nozzled collapsible tubes—two sizes, designated as large and small.

Doctors are the most skeptical of human beings. Harvey's theory regarding the circulation of the blood was laughed at for years. Pasteur at first met with opposition of the most virulent type. It took Lavern over fifteen years to get his ideas regarding the transmission of malaria accepted by the medical profession.

Bier, in spite of his position as physician to the Emperor, was called a dreamer when he advocated his theory of passive hyperemia. And Bouchard suffered the same experience when he enunciated the doctrine of intestinal autotoxemia and its significance; but now it is a firmly established fact in medicine.

Upon this doctrine Saline Laxative (Abbott) was built; and the medicine has established itself as firmly and as universally as the doctrine. It has won out. Wherever there is intestinal toxosis—and you know in how many cases that is a factor—Saline Laxative (Abbott) is not only indicated, but imperative.

The increasing knowledge of endamebas and their relation to infections and other pathological conditions calls for an extension of ipecac therapy. The alkaloids of ipecac are specific for the endamebas and quickly destroy all motile forms but if given by mouth they cause great nausea. The hypodermatic injection of emetine is efficient but time-consuming, frequently painful and expensive.

Alcresta Tablets of Ipecac, Lilly, have made it possible to administer the ipecac alkaloids by mouth in massive doses without causing vomiting or nausea. These tablets are uncoated and disintegrating but do not liberate the alkaloids until the compound reaches the alkaline intestinal juices. Thus vomiting and nausea are avoided. Both physicians and dentists are using these tablets with much success in dysentery and pyorrhea and also in many affections that are known to have their source in local foci of infection.

Pituitrin in Uterine Inertia.

Administered hypodermatically during the second stage of parturition (it should not be given during the first stage), Pituitrin is said to convert a case of tedious inertia into one of normal rhythmic labor, saving time, preventing suffering on the part of the mother, and diminishing the risk to the child which attends upon protracted labor. Furthermore in many cases it obviates the use of forceps.

Pituitrin is a pituitary extract, otherwise described as a solution of the active principle of the infundibular portion of the pituitary gland (in animals). This gland, as is well known, lies at the base of the brain.

There are a number of pituitary ex-

tracts on the market—products, it may be said in all fairness, not equal in therapeutic efficacy. To be of definite value as an oxytocic it is obvious that the solution or extract must be highly active. Owing to unavoidable variations in fresh glandular tissue, the amount of gland substance represented in the preparation is not an accurate index of its strength. Assurance of therapeutic activity can be obtained only by rigid assay. In view of these facts a recent statement of Parke, Davis and Co. with respect to their Pituitrin is peculiarly significant:

"Because of its importance in obstetrical practice we have given much attention to a determination of the proper strength and standardization of Pituitrin. The result of our investigations is a product of high potency, representing the average activity of 0.2 gramme of fresh posterior pituitary lobe to each Cc. of the solution. As an oxytocic Pituitrin stands without a rival. There is no more active pituitary extract. Pituitrin is standardized by the two accepted methods of determining pituitary activity: the blood-pressure test and the oxytocic test, the latter by use of the isolated uterus. Every lot of Pituitrin represents the same high degree of activity."

Pituitrin is supplied in glaseptic ampoules of 1 Cc. and $\frac{1}{2}$ Cc. capacity, convenient for hypodermatic administration.

Why should the doctor specify? Why shouldn't he specify when he is convinced of the reliability of a certain make of a product that has given good results experimentally in his hands? Naturally, he wants his patients to get the make of goods that he knows may be depended upon.

When experimental work is done with Armour's and results are gratifying, he specifies Armour goods because he knows the Armour goods.

In the January 29th N. Y. M. J., Dr. Sajous, in a splendid article on Corpus Luteum, says that a prerequisite of success is the use of Corpus Luteum made from glands taken from pregnant animals.

Corpus Luteum (Armour) is made from true substance. The glands are gathered while perfectly fresh, and the products are guaranteed to be as per label.

Charlotte Medical Journal

Published Monthly.

EDWARD C. REGISTER, M. D., EDITOR

CHARLOTTE, N. C.

THE PREVENTION OF VENEREAL DISEASES.

During the last few years much has been done towards stamping out smallpox, diphtheria, scarlet fever, typhoid fever and especially tuberculosis which we like to call the "Great White Plague." The efforts to stay the ravages of these diseases which exact a fearful toll of the very best lives in the country are commendable, have done a great deal of good and should enlist the active support not only of the medical profession but of every person in our great country. But while this is true there is another devastating scourge which has hung like a dark pall over the world for thousands of years; which has claimed as its victims kings, princes, prelates and rulers of all kinds as well as the humblest workers of the world clear down to the very dregs of humanity; which has entered the palace, the mansion, the cottage and the hovel alike laying its hand on the husband, the bride, the mother and the unborn babe and which, by its direct and indirect results, causes more disease, death, unhappiness, misery and crime than all the other infectious diseases combined, but still in spite of all these appalling consequences we say very little about it and have never adopted any rational or systematic plan to prevent its occurrence or overcome its evils. It is needless to say that we refer to the venereal diseases which have been aptly designated the "Great Black Plague" of our civilization. Why our past attitude towards these diseases should have been permitted to exist is a problem almost incomprehensible when viewed in the light of reason, common sense and practical results. If instead of throwing a cloak of false modesty and ignorance over the whole subject and regarding its discussion as a scandalous thing as has been done in the past we had uncovered the foul festering sore and turned the light of knowledge on the proper function of the sexual or generative organs; if we had taught every boy and girl the physiological conservation of these organs and the proper way in which they should be used as well as pointing out the dangers that follow venereal diseases, conditions might be very different and the evils much less pronounced than they are.

This is a problem that profoundly af-

fects our social well being and the happiness of our people. It is the fons et origo or very fountain and source of a large percentage of the divorcees, disrupted homes and blasted lives which are so frequent in our country today. If these statements be true and I believe every one who has made a careful study of the subject will admit that not half the horrors have been told, the question naturally arises: What are we going to do about it? The solution involves a large program and will require the earnest, determined and self-sacrificing support of every class and calling—indeed we might say of every good citizen and well wisher of our civilization.

The formulation of plans and methods for accomplishing the work will be a stupendous task and will require the united thought and harmonious action of all professions. As a tentative outline we would make the following suggestions:

1. Economic conditions must be radically changed and industrial enterprises conducted on a basis that will provide a decent living for the workers (girls and women) without resorting to prostitution.

2. Our brutal and archaic laws should be so amended that the size of families can be limited to a reasonable number (especially among the poor and diseased) consistent with decent living and proper care, education and training of the children.

3. The best possible measures to avoid infection or prevent transmission of these diseases should be taught to every person.

4. Finally: Every boy and girl, man and woman in our broad land should be taught the proper care and function of the sexual organs and the frightful evils that follow their abuse.

Education, Education and more Education dispensed from the home, the school, the church, the club, the rostrum, the theater or any other agency singly or combined in whatever way the most good can be done should be persistently radiated into every dark corner until superstition, ignorance, prudery, bigotry and greed shall have been shown up in their true light and forever banished.

RACE DETERIORATION.

Marriage should not be consummated too early. The male about 25 years old, and the girl 20 years old, would be soon enough. If such early union could be consummated without detriment to offspring, it could never be so well for the parents. The marriage of elderly people frequently results in feeble mind and

body of offspring.

Physical maturity, in fact, does not arrive before 25 in the male, and 20 in the female. The laws in general recognize 21 years for males and 18 years for females. As a matter of fact large families are the rule among people who are not able to properly raise their children, so that they will be mentally and physically equipped.

Just as very early marriage works physical havoc with the female, so does it with the male. Judicious stock raisers never permit domestic animals to propagate till they have reached full maturity, nor do fruit trees bear fruit till fully matured. The average of physical vigor in a generation of a hundred cattle, the product of parents (so to speak) three years old, would be obviously much greater than that of the same number propagated from parents two years old. Let the process of propagation from ancestors of only two years be continued for a few successive generations and who can doubt that the consequence would be marked deterioration. Then why should not the same obtain in the case of human animals? Every man who has abused his constitution by excess before marriage, if children are born, robs his offspring of that measure of vitality which nature designed for them. It is fortunate if such offspring are not prematurely destroyed. Persons who live lives of luxury and dissipation are not fit to have children, as it is certain such children cannot inherit vigorous bodily and mental constitutions. F.

ADVANCING.

There was a time when medical schools could boast of twelve chairs, two of which were sometimes filled by one professor, and the practitioner who possessed a medical library of a dozen volumes congratulated himself on his equipment. The city of Philadelphia was the mecca to which the ambitious student turned his head.

The old volumes found in every doctor's library were such books as Wistor's "Anatomy," Dunglison's "Physiology," Dunglison's "Medical Dictionary," Dorse's "Surgery," Dowses "Midwifery," Drutt's and Erichson's "Surgery," Watson's "Practice," Taylor's "Medical Jurisprudence," and Guy's "Forensic Medicine," also Henry's or Selliman's "Chemistry." Many libraries are now voluminous with constant additions as new works come from the press. Physicians spend much time and money in order to keep up. Unless one does, he will be left behind. The practice of medicine today,

because of the inability of the busy practitioner to master all the increasing knowledge of disease and treatment, has given rise to an endless number of specialists.

Young physicians now are living in a forward time; and are receiving instruction which puts them so much in advance of those who received knowledge a generation ago. This is a rapidly advancing age of discovery and development. New medical agents, bacterins, sera, and new views of disease and treatment, are characteristic of this rapidly advancing time. There is no telling what may come to pass to still further enlighten us, and still better qualify us to combat human ills. Diseases are changing and therapeutics must change also. The end will never be to new remedies. F.

'FRATERNAL' (?) LIFE INSURANCE.

Our old friend Dr. J. A. DeArmand takes up the so-called fraternal life insurance associations, in the *Medical Summary* for December. The paper he presents is well worth reading, and thoughtful consideration. He justly takes us doctors to task for much of the evil resulting from these associations. The doctor falls so easily for the examiner-ship, even though the fees be microscopic and uncertain at that.

The history of these 'orders' is about as follows:—They start with the assertion that ordinary or old-line insurance is conducted on the lines of exacting stated sums; of which one-third pays all the losses occurring by the death of the insured; one-third goes for expenses, mainly the fees of the solicitors; and the other third goes into the reserve fund. As years pass by, many years, and each sees the surplus and reserve increasing, it is evident that this latter third is really profit. In the larger companies it has increased to fabulous amounts, whose final disposition no living man knows. One prominent life insurance official, when asked what would be the ultimate disposition of this fund, threw up his hands and responded:—"God knows!"

Granting these premises, the plan of the associations is simply one of very easy arithmetic—they provide for the expenses by a small lodge fee, which affords also that social entertainment that most men like; they pay the losses out of one-third the fees demanded by the old line, and leave the reserve-fund third in the hands of the member. Insurance at actual cost!

Putting the plan into operation it has

not worked out as well as expected. The first years were alright, the losses were few and the assessments light. But in the course of time it was found that fewer young men joined, and as the average age increased, the deaths were increasing also. So there arose a demand that a reserve fund be created to meet the increasing liabilities of later years. This, after all schemes devised to attract the younger men into the orders had been tried and failed. The difficulty was that this proposition should have been presented when the order was founded, instead of waiting until the need for the fund had become urgent. There seemed but one way out, and that was to get rid of the old men.

Despite the "fraternal" feature of these orders, this is precisely what has been done. Dr. DeArmand gives one instance of the method adopted—the monthly payment on a policy for \$2,000 had been \$7.10; it was raised to \$21.70, and further increase at certain times was also promised, so that in time it would reach the enormous sum of \$144.90 per month. The hardship of this lay in the increases being in the years when men become progressively less able to earn the money, and their need of the benefits grows more pressing.

The elderly member finds that he has made a jug-handled contract, and that he is liable to be called on for more and more, until his limit is reached, whatever it may be.

There is no question but that the man is better off, who takes each month the sum he would pay into the any-life insurance association or company, and places it securely at interest. Were this not so, no such company could exist—their success depending on their ability to take in more than they pay out.

This brings to mind the oft-quoted experience of one of our boyhood friends, who made a fortune by running in debt. He bought real estate on monthly instalments; and when each piece was paid for, he bought another one. The properties were well selected, not in Mexico or the moon, but right where he could see what he was buying; and every one of them increased in value satisfactorily, besides earning its expenses and interest.

Insure your life—with yourself.

EDITORIAL NEWS ITEMS

The American Journal of Gastro-Enterology has combined with The Proctologist and hereafter will be pub-

lished (beginning with the March number, first of year) as The Proctologist and Gastroenterologist, from St. Louis. Dr. Lewis Brinton, Philadelphia, and Dr. Anthony Bassler, New York, will have editorial charge of Gastroenterology; Dr. A. L. Benedict, Buffalo, editor of Dietetics; Dr. Rollin H. Barnes, St. Louis, will be managing editor and publisher.

at Biltmore, Asheville, N. C. It is to cost approximately \$20,000.00, and will in addition to facilities for the care of 18 patients also have six new private rooms each with bath, a new operation room and diet kitchen. Everything will be of most modern construction and the entire hospital will be placed in harmony with the new betterments.

Dr. L. B. McBrayer, Superintendent State Sanitarium for Tuberculosis, Sanitarium, N. C., reports the sale of red cross stamps during the recent holiday season in North Carolina to have been 803,386, an increase of more than 130,000 over the sales of the 1914 season.

Dr. S. W. Pryor's handsome private hospital at Chester, S. C., was burned March 20 with an estimated loss of \$100,000.00, partially protected by insurance. It was crowded at the time, but all patients were removed to places of safety without casualty. Dr. Pryor announces the early rebuilding of the institution on enlarged and improved plans with added facilities and superior capacity. Meanwhile another building has been secured and there will be no interruption in his surgical work.

The Election of Dr. W. S. Rankin, the efficient secretary North Carolina State Board of Health, to the Presidency of the Southeastern Sanitary Conference recently held in Brunswick, Ga., was both an honor to that excellent organization and to Dr. Rankin. Young vigorous and active, deeply imbued with public health possibilities, unusually well informed on every phase of the work, the new president is in every way fitted to enhance the enlarging usefulness of this health promoting association of the South Atlantic States.

Davidson County, N. C. has joined the ranks of Carolina counties employing a whole-time county health officer, Dr. E. F. Long, Denton, N. C., having been recently elected to that position by the county authorities.

The Ninth District Medical Society of North Carolina met in Salisbury on March 30th. Drs. D. J. Hill and J. R. Terry, of Lexington, and J. F. Hobgood and C. A. Julian, of Thomasville, read very interesting papers. This is one of the best district medical societies in North Carolina. Dr. T. E. Anderson, Statesville, is president and Dr. Baxter Byerly is secretary.

The South Carolina Medical Association will meet in Charleston, S. C., April 18-19-20 under the presidency of Dr. G. A. Neuffer, of Abbeville. Dr. E. A. Hines, Seneca, is secretary. The following physicians have accepted invitations to give the addresses in Medicine, Surgery and Pediatrics: Drs. L. F. Barker, of Johns Hopkins; William J. Mayo, of Rochester, Minn.; and Maynard Ladd, of Harvard. The physicians interested in this Association expect a very delightful and successful meeting.

North Carolina Medical Society.—We are publishing a tentative program of the sixty-third meeting of the North Carolina Medical Society which will be held in Durham April 18-19-20. Prior to the meeting the State Health Officers Association will meet on Monday and Monday evening. We want to congratulate our good secretary, Dr. B. K. Hayes, Oxford, N. C., on the nice preliminary program which he has prepared. It suggests that we will have a most interesting meeting and that the attendance will be large. Durham is an ideal place for a medical society to meet. One of the best in the history of the Association was when it met there fifteen years ago.

Dr. W. T. Turlington, Freemont, N. C., died on March 31st. He was an accomplished and prominent physician in the section of North Carolina in which he lived. He graduated at the College of Physicians and Surgeons, Baltimore, Md., in 1894. In the death of Dr. Turlington the medical profession of this state loses one of its most useful members.

The Sumter County Medical Society of South Carolina held an interesting meeting the 3rd of March. Dr. R. B. Furman read a very valuable paper on **IGNORANT SUPERSTITION AND QUACKERY IN MEDICINE**. Dr. Littlejohn opened the discussion on **PREVENTION OF DISEASES IN TOWNS**. This is considered one of the best county societies in South Carolina.

The Iredell-Alexander Medical Society, of North Carolina, met in Statesville on March 27th. The most important part of the meeting was the election of officers which resulted as follows: Dr. F. A. Carpenter, president; Dr. P. S. Easley, vice-president; Dr. J. E. McLaughlin, secretary and treasurer. All the officers reside in Statesville. Dr. M. R. Adams, Statesville, was elected delegate to the meeting of the State Medical Society to be held in Durham on April 18-19-20.

Dr. L. J. Moorefield, formerly of High Point, N. C., has been appointed resident physician of all the Mount Airy Granite Industries at Mount Airy, N. C.

Dr. R. H. Garren, formerly of Bessemer City, has located in Monroe for the practice of medicine. Dr. Garren has practiced medicine in Bessemer City for over fifteen years and has been a professional success there. He graduated at the University of Nashville in 1900 and received his license to practice medicine in 1901. Dr. Garren is a well prepared professional gentleman. He is moving to Monroe, we understand, on account of better and broader facilities. The people of Monroe and Union County will be much pleased with his professional attainments and no doubt from the beginning he will take a high stand among the many distinguished physicians of Monroe.

Dr. Robert H. Hoge, a prominent physician of Giles County, Va., died at his home in Hoge's Store on March 7th. Dr. Hoge was for many years chairman of the Board of Health of his county. He was also a physician of marked ability and enjoyed the confidence and patronage of a great many people. He was in his sixty-fourth year.

Dr. W. T. Parrott, of Kinston, N. C., was married on March 15th to Miss Jeanette E. Johnson, of Wagram. They left immediately after the ceremony for a bridal trip North. Dr. Parrott is one of the most accomplished physicians in North Carolina. He was educated and completed his professional education at the University of Maryland. He is also a graduate of Maryland College of Pharmacy and has a diploma from Tulane University, New Orleans. In England he graduated from the London Polyclinic and the Great Ormond Street Hospital, London.

Dr. Bernard Wolff died in Atlanta, Ga., on March 16th. He was forty-eight years old and was a native of Prince Edward County, Va. He died from the effects of an abdominal operation. Dr. Wolff was one of the leading physicians of Atlanta and was a dermatologist of international reputation. He spent his boyhood days on his father's farm in Prince Edward County. After graduating from several medical schools in this county he continued his studies in Heidelberg, Vienna, and Berlin. For a long time he was editor of the *Journal*.

Record of Medicine of Atlanta and during the time he edited that splendid periodical he demonstrated his splendid ability to run a medical journal successfully. He was a beautiful writer and an accomplished editor. Journalism lost a good man when he retired from that line of work.

Dr. C. C. Coleman, Richmond, Va., has been appointed to the Virginia Hospital staff by the administrative board upon the recommendation of the board of trustees of the Medical College of Virginia.

The Second District Medical Society of North Carolina met in Kinston, on March 8th at the Caswell Training School. It was a very interesting meeting. Dr. D. T. Tayloe, of Washington, N. C., read a paper entitled, "Angie-Myxosarcomata, with report of case." Dr. J. F. Patterson, of New Bern, N. C., read a paper the title of which was, "Appendicitis Simulating Nephrolithiasis." Dr. W. T. Parrott, of Kinston, read a very valuable paper entitled, "The Relative Merits of the Crille and Percy Methods in Blood Transfusion." Several other papers were read which contributed a great deal of interest and value to the meeting.

Dr. Joseph Goldberger, the noted pellagra expert, read a very interesting paper in the library hall of the Mecklenburg County Medical Society on March 7th. It was considered very fine and was greatly appreciated by the members of this society. The meeting was well attended, about seventy-five or more physicians being present.

Dr. W. O. Southard, of Jonesville, S. C., died on March 6th. The Doctor was a successful physician for many years and accumulated a valuable estate. He was not only a skilled physician with a

large practice but a successful business man also. Dr. Southard was in his 65th year. He graduated at Augusta Medical College in 1875.

The Fifty-Second Session of the Southside Virginia Medical Association, comprising the cities of Petersburg and Suffolk, counties of Nansemond, Mecklenburg, Southampton, Nottoway, Amelia, Prince Edward, Lunenburg, Isle of Wight, Dinwiddie, Greensville, Prince George, Brunswick, Sussex and Surry, was held in the Chamber of Commerce in Petersburg on March 16th. The following eminent physicians read papers: Drs. F. J. Wright, Blackstone; W. W. Wilkerson, LaCross; J. Shelton Horsley, Richmond; D. L. Rawls, Suffolk; J. B. Jones, Petersburg; A. G. Brown, Jr., Richmond; C. T. Jones, Petersburg; Thomas Williams, Washington, D. C.

The Shenandoah Valley Medical Society held its quarterly meeting in Winchester, Va., on March 7th at the Handley Library. Dr. L. F. Barker, of Johns Hopkins University, read the principal paper of the evening. Other papers were read by Drs. John Lloyd, Catawba, Harry T. Marshall, University of Virginia, and Hunter H. McGuire, Winchester.

Drs. D. W. and Ernest S. Bullock, Wilmington, N. C., announce that they are now prepared to do modern radiographic work.

Dr. Thomas L. Northrup, St. Paul's, N. C., Robeson County, died on March 13th at the Charlotte Sanatorium. He was a prominent physician and business man of his section of the State. Dr. Northrup was educated at the University of North Carolina, and completed his medical training at the University of Maryland where he graduated in 1897. On several occasions he took special hospital training in the different large medical centers. He enjoyed a large practice and was also a man of large affairs and extensive business interests. He was president of the Bank of St. Paul's, a director of the St. Paul's Cotton Mill and interested in other enterprises.

Biltmore Hospital.—Through the generous benefactions of Mrs. Geo. W. Vanderbilt, and Mrs. Alfred Gwynn Vanderbilt a new wing will be added to the Clarence Barker Memorial Hospital

Dr. Stuart McGuire, Dean of the Medical College of Virginia, spoke at Wake Forest College on April 6th in the Wingate Memorial Hall. The occasion was the celebration of the first anniversary of the William Edgar Marshall, Jr., Memorial Medical Society. The student body and the faculty were the guests of the Society and in addition numbers of prominent medical men in the State were present. Dr. McGuire's address was beautiful and well received.

Lieutenant Colonel Charles F. Mason, U. S. A., Medical Corps, has resigned his post as chief health officer of the Panama Canal, and in May will return to the United States and make his future home in Virginia, where he has an estate. It is understood Colonel Mason also will retire from the active army.

Dr. J. C. Braswell, whole-time county health officer, Nash County, N. C., is making systematic use of moving pictures in his rural health work with excellent effect. The county school board and the county health board each provided \$150 which covers the film cost. "A penny a piece" from the children covers the other expense.

Dr. W. S. Rankin, Secretary North Carolina State Board of Health has accepted an invitation to deliver a series of five public health addresses before the Kansas State Health Officers' Association at Topeka, Kansas, April 24-29. Rural Health Work, the Medical Profession and Public Health, and Governmental Regulations in Sanitary Administrations will each have special consideration in the course.

North Carolina was "first" in a number of things of more than passing interest to the student of history and sociology (her State Medical Examining Board is one of the oldest in the nation) but it remains for Connecticut to be "first" in a new line of State license. The first regular licensing session of the Connecticut State Board of Examiners in Chiropractic met in New Haven, Conn., last week, licensing a number of the chiropractic craft.

Investigation of State Hospital at Raleigh.—Gov. Locke Craig has ordered an investigation made of certain internal affairs connected with the management of the State Hospital for Insane at Raleigh, N. C., following complaints of a former patient. The capable and conscientious

The U. S. District Court, Eastern District, Penn., recently held the Shirley amendment to the pure food and drugs act is constitutional. It will be recalled this amendment "makes it unlawful to print on the package or label of any drug false and fraudulent statements regarding its curative or therapeutic effects."

The North Carolina State Board of Health has agreed to co-operate with one (and probably others will shortly apply for similar permissive supervision of the great life insurance companies by the Board) in aiding its establishing in certain districts of the State a district nursing system for the benefit of its policy holders.

Dr. Paul V. Anderson, formerly of the North Carolina State Hospital, Morganton, N. C., now of Westbrook Sanitarium, Richmond, Va., was the principal speaker at the Trinity College Banquet at the Jefferson Hotel in Richmond, Va., last week. Dr. Anderson has in many ways developed into a strong successful man in whom his Carolina friends feel pardonable pride and a continuing interest.

men entrusted with the control and direction of this as well as the other North Carolina Insane Hospitals, can well stand investigations at any and all times, though it is a bit annoying for a great State institution to be subject to the annoyance of such investigations on merely the complaint of a former patient committed for alcoholism and its sequelae.

The Medical College of South Carolina has for several years been the recipient of the vagrant canines of the city of Charleston and has been utilizing the same for the benefit of the college classes but a recent complaint on the part of anti-vivisectionists resulted in an investigation by the Society Prevention of Cruelty to Animals. This Society has just reported to the effect that the animals while used for operative and demonstrative purposes at the medical college, were carefully etherized, and later farther etherized to induce death, and in the opinion of the Society were "killed in a manner more merciful than the methods customarily in vogue in municipal pounds."

Dr. O. L. Watkins, of Rustburg, Va., was dangerously and possibly fatally burned by the explosion of a gasoline can while he was filling his car. It seems that while he was filling the car the can

fell from his hands and the gasoline splashed all over him and immediately ignited.

The North Carolina State Board of Health has recently distributed a new bulletin on the care and treatment of the eyes from the pen of that talented oculist and most clever gentleman, Dr. R. H. Lewis, Raleigh, N. C. A careful reading of this bulletin elicits evidence that it is one of the most valuable of the many admirable educational efforts put forth by the board and calculated to be alike helpful to profession and laity. Dr. Lewis stresses the important connections between digestive and other remote ailments in influencing ocular inefficiencies, and insists that possibly 60 per cent. of headaches are due to refractive errors.

A Special Twelve Section Drawing Room Steel Sleeping Car to run from Charlotte to Durham on the occasion of the North Carolina Medical Society meeting, which will be held in the city of Durham on April 18-19-20, will leave Charlotte on train number 32 at 7:45 p. m., Monday, April 17th. The car will remain in the yard at Durham until a reasonable arising hour. This is a splendid arrangement worked out by Captain R. H. DeButts, Division Passenger Agent for Charlotte. The ordinary schedule would necessitate the physicians from Charlotte and the Western part of the State getting up about half-past two in Durham or else arriving there about twelve or one on Tuesday. Now they can get on this car in Charlotte, Salisbury or Greensboro and not be disturbed until a reasonable hour Tuesday morning in Durham.

It is very likely that this car will be crowded and we advise that you write to Captain DeButts for reservations as soon as possible.

Pepsin is undoubtedly one of the most valuable digestive agents of our Materia Medica, provided a good article is used. "Robinson's Lime Juice and Pepsin" (see page xiv this number) we can recommend as possessing merit of high order.

The fact that the manufacturers of this palatable preparation use the purest and best Pepsin, and that every lot made by them is carefully tested before offering for sale, is a guarantee to the physician that he will certainly obtain the good results he expects from Pepsin.

TENTATIVE PROGRAM SIXTY-THIRD ANNUAL MEETING MEDICAL SOCIETY OF NORTH CAROLINA AT DURHAM
TUESDAY, WEDNESDAY, THURSDAY, APRIL 18, 19, 20, 1916, 10 A. M.

NORTH CAROLINA HEALTH OFFICERS' ASSOCIATION—SIXTH ANNUAL SESSION MONDAY, APRIL 17, 1916, 9:30 A. M., DURHAM.

PROGRAM.

The North Carolina Health Officers' Association—Sixth Annual Session, April 17, 1916, Durham.

1. Prayer—Rev. Costen J. Harrell, Pastor Mangum St. M. E. Church, Durham.
2. Address of Welcome—John M. Manning, M. D.
3. Response to Address of Welcome—B. W. Page, M. D., Health Officer, Robeson County, Lumberton.
4. President's Annual Address—D. E. Sevier, M. D., Health Officer, Buncombe County, Asheville.
5. Report of Secretary-Treasurer—G. M. Cooper, M. D., Chief of Bureau of Rural Sanitation, Raleigh.
6. Appointment of Committees.
7. "Present Standardization of County Health Work in North Carolina"—M. T. Edger-ton, M. D., Health Officer, Pitt County, Greenville.
8. "Some Methods of County Health Work"—Dr. D. C. Absher, Whole-Time Health Officer of Vance County, Henderson.

Monday Afternoon.

9. "What the State Board of Health Can Offer the County Physician"—G. M. Cooper, Raleigh.
10. "The Typhoid Vaccination Unit as a Public Health Measure"—H. W. Lewis, M. D., Jackson.
11. "The Medical Inspection of Schools Unit as a Public Health Measure"—Prof. C. L. Coon, Wilson.

Monday Evening.

12. "The Public Health Nurse"—L. B. McBrayer, M. D., Sanatorium.
13. "The Physician and Public Health"—Cyrus Thompson, M. D., Jacksonville.
14. Adoption of Resolutions.
15. Reports of Committees.
16. Election of Officers.
17. Adjournment.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA.
Officers 1915-1916.

Dr. M. H. Fletcher—President, Asheville.
Dr. J. L. Nicholson—First Vice-President, Richlands.

Dr. L. N. Glenn—Second Vice-President, Gastonia.

Dr. W. N. Hardison—Third Vice-President, Creswell.

Dr. Benj. K. Hays—Secretary, Oxford.

Dr. W. M. Jones—Treasurer, Greensboro.

Chairmen of Sections.

Section on Practice of Medicine—Dr. Paul H. Ringer, Asheville.

Section on Surgery—Dr. John Wesley Long, Greensboro.

Section on Anatomy—Dr. C. O. Abernathy, Raleigh.

Section on Pathology and Bacteriology—Dr. William Allen, Charlotte.

Section on Physiology and Chemistry—Dr. John B. Watson, Raleigh.

Section on Public Health and Education—Dr. Geo. M. Cooper, Clinton.

Section on Gynecology—Dr. J. P. Monroe, Sanford.

Section on Pediatrics—Dr. E. J. Wood, Wilmington.

Section on Obstetrics—Dr. Ben. H. Hackney, Bynum.

Section on Materia Medica and Therapeutics—Dr. E. G. Moore, Elm City.

Section on Eye, Ear and Nose—Dr. K. P. Battle, Raleigh.

FIRST DAY, TUESDAY APRIL 18, 10 A. M.
Academy of Music.

PROGRAM.

1. Call to Order—Dr. J. M. Manning.
2. Invocation—Rev. E. R. Leyburn.
3. Address of Welcome in Behalf of City—Mayor B. S. Skinner.
4. Response in Behalf of Society—Dr. Oscar McMullen, Elizabeth City.
5. President's Annual Address—Dr. M. H. Fletcher, Asheville.
6. Report of Committee on Arrangements.
7. Report of Special Committees.
8. Announcements.

Physiology and Chemistry

(Report not in)

Section on Anatomy

Dr. C. O. Abernathy, Chairman, Raleigh.

1. "The Anatomical Distribution as an Aid to Diagnosis in Some of the More Common Forms of Skin Diseases"—Dr. C. O. Abernathy, Raleigh. Discussion opened by Dr. R. H. Lafferty, Charlotte.

2. "The Interpretation of Structure"—Dr. Wm. deB. MacNider, Chapel Hill. Discussion opened by Dr. J. L. Adams, Asheville.

3. "Abnormality of the Superior Vena Cava Observed in Two Subjects in Dissecting Room"—Dr. Wilbur C. Smith, Wake Forest. Discussion opened by A. G. Brenizer, Charlotte.

TUESDAY AFTERNOON, 3 O'CLOCK.

Academy of Music.

Section on Pathology and Bacteriology.

Dr. William Allen, Chairman, Charlotte.

1. "Fractional Analysis of the Stomach Juice

Throughout the Complete Gastric Cycle"—Dr. J. K. Ross. Discussion opened by Dr. R. F. Leinbach.

2. "The Use of Petroff's Medium in the Diagnosis of Tuberculosis"—Dr. H. P. Barrett, Charlotte. Discussion opened by Dr. L. B. McBrayer.

3. "The Protection of the Kidney Against Toxic Agents"—Dr. Wm. deB. MacNider, Chapel Hill. Discussion opened by Dr. L. B. Newell.

4. "The Insatiate Thirst of the Medical Profession of Today for Human Gore"—Dr. R. M. Reid, Gastonia. Discussion opened by Dr. Edmund Boice.

TUESDAY EVENING, 10 O'CLOCK.

Smoker by Durham-Orange Medical Society.

TUESDAY AFTERNOON, 2:30 O'CLOCK
COURT HOUSE.

Section on Surgery.

Dr. John Wesley Long, Chairman, Greensboro.

1. "The Treatment of Acute Appendicitis With Peritonitis"—Dr. John Wesley Long, Greensboro. Discussion opened by Dr. W. J. Mayo, Rochester, Min.

2. "Extra Peritoneal Caesarian Section"—Dr. E. T. Dickenson, Wilson. Discussion opened by Dr. J. L. Nicholson, Washington.

3. "A Review of a Series of Hysterectomies"—Dr. Norris or Dr. Biggs, Rutherfordton. Discussion opened by Dr. E. M. Long, Oak City.

4. "Vaginal Hysterectomy"—Dr. W. H. Braddy, Greensboro. Discussion opened by Dr. Joe Whitehead, Rocky Mount.

5. "Dysmenorrhoea"—Dr. H. F. Long, Statesville. Discussion opened by Dr. J. E. Ward, Robertsonville.

6. "Remarks on Distal Effects of Oral and Tonsil Infections"—Dr. C. W. Banner, Greensboro. Discussion opened by Dr. H. H. Bass, Henderson.

7. "The Diagnostic Value of X-Rays in Surgery"—Dr. J. W. Squires, Charlotte. Discussion opened by Dr. Hugh M. York, Williamston.

8. "The Importance of Early Diagnosis and Relief of Intestinal Obstruction"—Dr. E. P. Glenn, Asheville.

9. "The Diagnostic Value of X-Rays in Surgery"—Dr. H. H. Dodson, Greensboro.

TUESDAY EVENING, 8 O'CLOCK.

COURT HOUSE.

8. "Some Indications for the Removal of the Spleen"—Dr. William J. Mayo, Rochester, Minnesota.

WEDNESDAY MORNING, APRIL, 19, 1916.
ACADEMY OF MUSIC.

Section on Practice of Medicine.

Dr. Paul H. Ringer, Chairman, Asheville.

1. Chairman's Address: "An Analysis of Thirty-One Cases of Pulmonary Tuberculosis Treated by the Introduction of an Artificial Pneumothorax"—Dr. Paul H. Ringer, Asheville. Discussion opened by Dr. C. A. Julian,

Thomasville.

2. "Common Sense and the Fever Thermometer Versus the Stethoscope and the Microscope in the Early Diagnosis of Pulmonary Tuberculosis"—Dr. S. E. Thompson (by invitation), Carlsbad, Texas.

3. "A Few Important Facts Noted in Some Recent Epidemiological Studies of Tuberculosis"—Dr. L. B. McBrayer, Sanatorium. Discussion opened by _____

4. "The Modern Practitioner's Loss of Faith in Drugs. Is it Justified?..."—Dr. Charles L. Minor, Asheville. Discussion opened by Dr. Ernest Bulluck, Wilmington.

5. "Dangerous Pathological Conditions Due to Pent Up Focal Infections"—Drs. I. W. and Yates W. Faison, Charlotte. Discussion opened by Dr. Arthur Pendleton, Raleigh.

6. "The Artificial Life a Cause of the Increase in Degenerative Disease"—Dr. J. T. J. Battle, Greensboro. Discussion opened by Dr. W. M. Johnson, Winston-Salem.

7. "Some Studies in Public Health With Special Reference to the Rat"—Dr. T. B. Bullitt. Discussion opened by Dr. B. W. Page, Lumberton.

8. "Craigiasis: Two Possible Cases"—Dr. H. B. Hiatt, High Point. Discussion opened by Dr. Wm. Allen, Charlotte.

9. "Differential Diagnosis of Pulmonary Tuberculosis With Special Reference to Malaria, Typhoid, Etc."—Dr. P. P. McCain, Sanatorium.

CONJOINT SESSION.

WEDNESDAY, APRIL 19, 12 O'CLOCK.

Conjoint Session of the Medical Society of the State of North Carolina and the North Carolina State Board of Health.

Members State Board of Health.

Dr. J. Howell Way, President, Waynesville.
Dr. Richard H. Lewis, M. D., LL. D., Raleigh.

J. C. Ludlow, C. E., Winston-Salem.
Dr. W. O. Spencer, Winston-Salem.
Dr. Thomas E. Anderson, Statesville.
Dr. Chas. O'H. Laughinghouse, Greenville.
Dr. Edward J. Wood, Wilmington.
Dr. F. R. Harris, Henderson.
Dr. Cyrus Thompson, Jacksonville.

Executive Staff State Board of Health.

W. S. Rankin, M. D., Secretary and Treasurer.

C. A. Shore, M. D., Director State Laboratory Hygiene.

Warren H. Booker, C. E., Chief Bureau Engineering and Education.

J. R. Gordon, M. D., Chief Bureau Vital Statistics.

L. B. McBrayer, M. D., Superintendent State Sanatorium.

Geo. Cooper, M. D., Chief Bureau Rural Sanitation.

Miss Mary Robinson, Bookkeeper.

Order of Business.

1. Report of Work Accomplished and Recommendations.
2. Discussions.
3. Election of Officers.
4. New Business.
5. Adjournment.

WEDNESDAY MORNING, APRIL 19, 1916.

COURT HOUSE.

Section on Eye, Ear, Nose and Throat.

Dr. K. P. Battle, Jr., Chairman, Raleigh.

Dr. J. G. Murphy, Secretary, Wilmington.

1. "A Clinical Study of Some Unusual Cataract Cases"—Dr. John Hill Tucker, Charlotte. Discussion opened by Dr. J. P. Matheson, Charlotte.

2. "The Remote Systemic Effects of Nasal and Pharyngeal Operations"—Dr. E. Reid Russell, Asheville. Discussion opened by Dr. W. P. Reaves, Greensboro.

3. "Eye Symptoms Referable to General Diseases"—Dr. J. M. Lilly, Fayetteville. Discussion opened by Dr. R. H. Lewis, Raleigh.

4. "Submucous Resection of the Nasal Septum"—Dr. H. W. Carter, Washington. Discussion opened by Dr. J. B. Wright, Raleigh.

5. "Sarcoma of Antrum With Exsection of Both External Carotids, Three Cases"—Dr. S. E. Koonce, Wilmington. Discussion opened by Dr. J. G. Murphy, Wilmington.

6. "Some of the Complications and Sequelae of Tonsil Operations"—Dr. C. W. Banner, Greensboro. Discussion opened by Dr. R. J. Teague, Durham.

WEDNESDAY AFTERNOON, 3 O'CLOCK.

ACADEMY OF MUSIC.

Section of Pediatrics.

Dr. E. J. Wood, Chairman, Wilmington.

1. "Newer Methods of Diagnosis in Pediatrics"—Dr. A. S. Root, Raleigh. Discussion opened by Dr. J. J. Philipps, Tarboro and Dr. J. S. Rhodes, Wilmington.

2. "Caloric Value in Infant Feeding"—Dr. I. B. Sidbury, Wilmington. Discussion opened by Dr. N. C. Daniel, Oxford.

Section on Obstetrics.

Dr. Ben. H. Hackney, Chairman, Bynum.

1. "Eclampsia, Toxemia and Pernicious Vomiting of Pregnancy"—Dr. M. T. Adkins, Durham. Discussion opened by Dr. G. H. Ross, Durham, and Dr. J. F. Sanderford, Creedmoor.

2. "Pituitrin and Hyoscine in Labor"—Dr. E. A. Abernathy, Chapel Hill. Discussion opened by Dr. H. M. Tucker, Raleigh and Dr. R. L. Payne, Monroe.

3. "Obstetrical Preparedness"—Dr. B. G. Allen, Henderson. Discussion opened by Dr. Cyrus Thompson, Jacksonville, and Dr. H. D. Stuart, Monroe.

4. "Hemi-Embryo Posterior"—Dr. Lewis H. Webb, Chapel Hill. Discussion opened by Dr. W. T. Carstarphen, Wake Forest.

WEDNESDAY AFTERNOON, 4 O'CLOCK.

Reception at Watt's Hospital.

WEDNESDAY NIGHT, 8 O'CLOCK.

CRAVEN MEMORIAL HALL.

Address.

"The Newspaper and Public Health"—Col. Wade H. Harris, Editor Charlotte Observer, Charlotte.

WEDNESDAY NIGHT, 9:30 O'CLOCK.

Reception by Faculty of Trinity College.

THURSDAY MORNING, 9:30 O'CLOCK.**ACADEMY OF MUSIC.**

Section on Materia Medica and Therapeutics.

Dr. E. G. Moore, Chairman, Elm City.

1. "Emetine"—Dr. E. G. Moore, Elm City. Discussion opened by Dr. C. S. Smith, Scotland Neck.

2. "X-Ray Therapy"—Dr. E. B. Quillen, Rocky Mount. Discussion opened by H. H. Dodson, Greensboro.

3. "Pituitary Extract"—Dr. K. P. B. Bonner, Morehead City. Discussion opened by Dr. T. L. Booth, Oxford.

4. "Tetanus Therapy"—Dr. I. S. Gordon, Fayetteville. Discussion opened by Dr. L. S. Book-er, Durham.

5. "Thyroid Extract"—Dr. B. C. Willis, Rocky Mount. Discussion opened by Dr. W. L. Taylor, Stovall.

6. Subject not given—Dr. T. C. Kerns, Durham.

7. "Hemorrhage in Tuberculosis From a Therapeutic Standpoint"—Dr. W. S. Thompson, Sanatorium. Discussion opened by Dr. H. F. Glenn, Gastonia.

Section on Public Health and Education.

G. M. Cooper, M. D., Chairman, Raleigh.

1. "Arterio-Sclerosis From a Public Health Standpoint"—Charles O'H Laughinghouse, M. D., Greenville.

2. "Specialists and Health Work"—Marvin L. Smoot, M. D., Fayetteville.

3. "What Roanoke Rapids Has Done for Public Health"—T. W. M. Long, M. D., Roanoke Rapids.

4. "The Relation and Duty of the Physician to His Country in Peace or War"—Dr. C. M. van Poole, Salisbury.

THURSDAY AFTERNOON.**Section on Gynecology.**

Dr. J. P. Monroe, Chairman, Sanford.

1. "Acute Endometritis"—Dr. L. C. McIntosh, Henderson.

2. "Stenosis of the Cervix: Radical Cure"—Dr. C. M. Rakestraw, Asheville.

3. "What Operations Should be Employed to Correct Retroflexions of the Uterus and to Hold the Organ in the Anti-flexed Position"—Dr. Adison Brenizer, Charlotte.

4. "The Effect of Operations for Uterine Displacements on Subsequent Labors"—Dr. R. D. McMillan, Red Springs.

5. "Post Puerperal Sterility; Its Cause and Surgical Treatment"—Dr. H. S. Lott, Winston-Salem.

6. "Gynecological Surgery in Neurotic Pa-

tients"—Dr. G. F. Duncan, High Point.

7. "Etiological Relation of Some Gynecological Conditions to Chronic Dyspepsia"—Dr. J. K. Pepper, Winston-Salem.

8. "Syphilis in the Woman, with a Report of an Unusual Case"—Dr. J. L. Nicholson, Washington.

9. "Placenta Previa and Treatment by Caesarian Section"—Dr. A. C. Campbell, Raleigh.

10. "An Interesting Experience with Pituitrin"—Dr. Albert D. Parrott, Kinston.

11. "Vicerotopsis"—Dr. P. R. McFadyen, Concord.

12. "A Report of Some Cases of Colostero-rhoea"—Dr. B. H. Hackney, Bynum.

13. "Gynecology from a Medical Standpoint"—Dr. M. E. Street, Glendon.

14. Subject not Announced—Dr. J. E. Ashcraft, Monroe.

15. "Gynecology from a Medical Standpoint"—Dr. Gilbert McLeod, Carthage.

16. Subject not Announced—Dr. Ernest S. Bulluck, Wilmington.

THIS LETTER IS SELF EXPLANATORY.

Dr. Edward C. Register, Editor,
Charlotte Medical Journal,
Charlotte, N. C.

Dear Sir:—Our attention has been called to a communicated article that appeared in the Charlotte Medical Journal in February. In this article our product, Coca-Cola, was referred to in an unjust and uncalled for way. This attack upon Coca-Cola is based upon two propositions; first, that it is a slop, and second, that caffein is injurious.

It is rank presumption upon the part of the writer of that article to refer to soda fountain beverages as slop. This is a mere matter of opinion unsupported by facts, and of no medical value whatever, and such an unwarranted conclusion casts a suspicion upon a very large part of the American public that finds pleasure in the mild refreshments served at the soda fountains. At these soda fountains both young and old regale themselves with harmless beverages and delicious ices and creams and derive therefrom both physical benefit and pleasureable entertainment.

In regard to the second accusation, to wit, that caffein is harmful; the writer of this article is scientifically incorrect. Caffein has been investigated by the greatest medical authorities in the world. It never has been claimed for caffein that it produces either indigestion or biliousness, or any of the other things that this writer attributes to it. Such a world-wide authority as Dr. Schmeideberg has

upheld the use of caffen. Such an authority as Dr. Victor C. Vaughan, Dean of the Medical College of the University of Michigan, has testified under oath that caffen is not harmful. So eminent a physician as Dr. Hobart A. Hare of Philadelphia, has likewise testified. Dr. H. C. Hollingworth, of Columbia University, and Dr. H. C. Wood, of Philadelphia, have made the most exhaustive experiments and investigations, all of which go to show that caffen is not habit-forming in any way.

We challenge the writer of the aforesaid article to show that there is one scintilla of truth in his statement that "individuals are addicted to Coca-Cola who would grow perfectly maniacal when it could not be procured at the accustomed time."

The Coca-Cola Company has often heard of such loose statements being made and has industriously searched for such an individual, but we have never yet been able to locate one such person.

For thousands of years the civilized nations of the world have used caffen beverages of some sort or other. The Englishmen, the Japanese and Chinese, their tea. The French and German, their coffee, and so on. The caffen in coffee and tea is identically the same caffen that appears in Coca-Cola and with identically the same physiological effects. The only difference is, there is more caffen in the coffee and tea, usually, than there is in Coca-Cola. The well nigh universal use of tea and coffee throughout the civilized world absolutely refutes the accusations made in the article referred to.

Coca-Cola has often had its traducers, but wherever subjected to scientific investigation has always come out unscathed. For thirty years it has been sold at the sode fountains of this country and we point to this record with pride. We could not have built up this great business unless Coca-Cola had been not only delicious and refreshing, but pure and wholesome.

Very truly yours,

S. C. Dobbs,
Vice-President.

BOOK NOTICES.

Pellagra. By George M. Niles, M.D., Gastro-enterologist to the Georgia Baptist Hospital, Wesley Memorial Hospital and Atlanta Hospital, Atlanta, Georgia. Octavo of 261 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1916. Cloth,

\$3.00 net.

This is an interesting book. Dr. Niles has given the medical world a work on pellagra that is invaluable. It is the most complete work that has been written, or at least it is more complete than any that has come to this office. Its illustrations are many and they are thoroughly appropriate.

In this second edition many changes and additions have been made, bringing the consideration of pellagra as a national problem up to our present state of knowledge.

The chapter on Etiology contains the result of the investigations of Dr. Joseph Goldberger, who is a special agent for the U. S. for the study of this disease, and the Thompson-McFadden Pellagra Commission, whose careful and scientific labors have received deserved commendation.

Dr. Niles has also recognized the opinion of prominent writers in this country. He particularly mentions the name of Dr. J. W. Babcock, of Columbia, and Dr. C. H. Lavinder, of the Public Health and Marine-Hospital Service, for both their encouragement and consideration.

An Autobiography. By Edward Livingston Trudeau, M.D., Octavo of 322 pages. Illustrated. Cloth \$2.00. Lea and Febiger, Philadelphia and New York. MCMXVI.

Dr. Trudeau's wonderful efficiency in behalf of humanity is so generally recognized that this narrative of his life, development, purposes and accomplishments possesses deep interest, extending far beyond the world of medicine and it is told with a candor and simplicity that must win for it a place in the hearts of all who hold dear the welfare of their fellow-men.

This is certainly an interesting book. Dr. Trudeau's writings, which have been very extensive as every medical man knows, are very attractive. His thoughts and his logical points are easily recognized.

The book contains 322 pages. The illustrations in it deal with views around the Adirondack region. The group of buildings that make up the entire Sanitarium must number fifty or more. They are beautifully and conveniently arranged. Dr. Trudeau gives a history of his first work there, how he had to labor for financial support and how grateful he is for so many donations and contributions and endowments. The Sanitarium now is well provided for financially and

the thousands of patients that have been there and have gone away cured is one of the medical wonders of the world. The good that it has done to humanity is equal to that great organization of the Mayo Brothers. It was the reviewer's pleasure to see this institution in its beginning over thirty years ago when Dr. Loomis, of New York, was so much interested in it—then and in its future.

A Treatise on the Principles and Practice of Medicine. By Arthur R. Edwards, M. D., Professor of the Principles and Practice of Medicine and Clinical Medicine and Dean of the Northwestern University Medical School, Chicago. New (third) edition, thoroughly revised. Octavo, 1022 pages, with 80 engravings and 23 full-page plates in colors and monochrome. Cloth, \$6.00, net. Lea & Febiger, Philadelphia and New York, 1916.

The merit of Professor Edwards' work has won the practical recognition of a demand for a third edition. It is the product of an experienced physician, a notable teacher, and an unsparing worker. No less efficient combination in the person of one man could adequately exhibit present-day medicine in a single volume of convenient size. This he has done, and in excellent perspective, making a well-proportioned book, properly directed, as he says in the Preface; that is, with everything necessary, and everything leading up to the final object of medicine, namely, treatment. Thorough systematization is employed for brevity and ease of consultation, and for the even more important advantage thereby secured that facts arranged in their natural order lead into each other and impress the underlying reasons on the reader's mind. Critical study of his own work, and careful consideration of the reviews, have led the author to adhere to the plan and features that have proved so popular, but he has spared no labor in improving it to the utmost. The work has been practically rewritten to secure increased clearness and conciseness. All the real advances throughout this immense domain have been incorporated. Particular attention has been given to therapeutic details in accordance with the recent awakening of the profession to the importance of logical treatment. Numerous new preparations and modified dosages, particularly for children, are explicitly specified. In a word, all classes of readers, students and practitioners alike, will find this very broad and skilful work admirably suited to their requirements.

Surgical Operations with Local Anesthesia. Second Edition. By Arthur E. Hertzler, A. M., M. D., Ph. D., F. A. C. S., Surgeon to the Halstead Hospital, Kan., the Swedish Hospital, Kansas City, Mo., and to the General Hospital, Kansas City, Mo. Surgery Publishing Company, 92 William Street, New York, 1916. Price \$3.00.

The rapid sale of the first edition covering minor surgery and the demand for a more complete work upon the subject covering both major and minor surgical work, has induced Dr. Hertzler to present this second volume, which for completeness as to detail and price we believe places it in a class by itself among those text books upon this most interesting and growing subject.

Dr. Hertzler's vast surgical experience and his work with Local Anesthesia particularly fit him as an authority upon this subject and thus the second edition of his book places within the hands of the doctor a manual which for completeness and comprehensiveness, particularly recommends it.

From a review of this book Dr. Hertzler seems to have overlooked no point of major or minor importance. The large number of illustrations clearly places before the eye of the reader the text of the book and both the general practitioner and surgeon will appreciate this work as a reliable guide in their operation work under Local Anesthesia.

It certainly gives us a great deal of pleasure to recommend this book. It is the most valuable dealing with this subject that has ever been published. Dr. Hertzler's style of writing is quite attractive. Anyone who is interested in the use of Local Anesthesia can not afford to be without it.

Autoplastic Bone Surgery. By Charles Davison, M. D., Professor of Surgery and Clinical Surgery, University of Illinois, College of Medicine; Fellow of the American College of Surgeons; Surgeon to Cook County and University Hospital, Chicago, and Franklin D. Smith, M. D., Clinical Pathologist to University Hospital, Chicago. Octavo, 369 pages, with 174 illustrations. Cloth, \$3.50, net. Lea & Febiger, Philadelphia and New York.

The authors have succeeded in presenting, in clear and concise form, a vast array of facts and theories covering this important subject. The work brings to the reader not only the proved results of the authors' own practice and experimentation, but it also includes a painstaking

resume of the literature which has appeared during the last few years.

Wherever the literature is at variance with their experimental and clinical deductions, the authors have presented the literature as it exists in addition to their own findings, thereby permitting the reader to draw his own unbiased conclusions. The authors' own opinions are based upon histopathological study and analysis of tissues removed from experimental animals at varying periods of time after an operation had been performed. This experimentation includes not only problems with the regeneration of osseous tissue, but problems in technic, mechanics and minor problems in this difficult field of surgical science.

Perhaps the most important section of the work is that which treats of the repair of intractable, recent, simple fractures by the autoplasmic transplantation of bone. It is to be hoped that the methods therein described will largely replace the use of metallic foreign bodies for fixation in fractures of this character which require open operation.

The book is amply and admirably illustrated with original photographs and roentgenograms showing the methods employed and the results attained by the authors in their extensive experience.

Social Travesties and What They Cost.
By D. T. Atkinson, M. D. New York: Vail-Ballou Company, Publishers. Price \$1.00.

The author says that an epidemic of Social Diseases is the greatest menace to American Society. He further says that 40,000 children die annually in the United States as a result of inheriting these diseases. Thirty per cent. of all blindness and eighty per cent. of all blindness in children under one year old may be traced to this cause. He says further that these diseases are responsible for thousands of the cases that burden the poorhouses, fill the jails and recruit the insane asylums.

The author discusses the Social Question frankly and forcibly and makes an appeal for a much needed campaign of education along these lines.

The book contains 156 pages. It is printed on very beautiful thick paper and makes a very neat attractive looking volume. It has no index but has nine chapters which read as follows:

1. Conventional Prudery and Its Results.
2. The Price We Pay for Ignorance.
3. Innocence the Burden Bearer.
4. The Relation of Social Diseases to

Environment.

5. Potent Reasons for Harmful Social Conditions.

6. Unwholesome Social Standards and Disease.

7. The Ounce of Prevention.

8. The Franchise for Women and Its Relation to Social Reform.

9. The Promise of Economic Responsiveness.

There was no necessity for the book to have illustrations. After giving it a rather careful examination it gives us pleasure to recommend it. Dr. Atkinson is an attractive writer and I am sure that anyone who is interested in a book that has the contents of this could not spend \$1.00 more profitably than to buy it.

The Violin Lady. By Daisy Rhodes Campbell. Author of "The Fiddling Girl," "The Proving of Virginia," etc. Illustrated by John Goss. Boston. The Page Company. MDCCCXVI. Price \$1.25.

This book is a sequel to "The Proving of Virginia." In this new story the author describes Virginia Hammond's life as a student in Paris, her first appearance and her wonderful success as the Violin Lady, and finally of the rival who competes with her beloved violin.

The illustrations in this very entertaining story are quite appropriate and beautiful. We have never examined a book that has interested us so much without thoroughly reading it through. It gives us pleasure to recommend it as a very entertaining story.

Socrates Master of Life. By William Ellery Leonard. Chicago and London: Open Court Publishing Company. Cloth \$1.00.

This volume is published as an attempt to make Socrates a living figure to modern English readers. It is a biographical and psychological study in which the intellectual struggles, the prophetic role and the moral and religious grandeur of the man are portrayed against the background of the life and movements of his time.

The material in the book is reprinted with slight revisions from "The Open Court" of January-May, 1915. It was written a good many years ago as a companion-piece to the author's "Poet of Galilee," and was an effort to re-interpret, imaginatively yet critically, an ancient personality that has too often become for the scholar merely one or another technical problem, and for the general reader too often but a name or an anecdote.

The book is divided into about seven chapters. Possibly that giving his personality is the most interesting and the description given in the book of Old Athens is well worth reading.

Obstetrics. A Practical Text Book for Students and Practitioners. By Edwin Bradford Cragin, A. B., A. M., (Hon.) M. D., F. R. C. S.; Professor of Obstetrics and Gynecology, College of Physicians and Surgeons, Columbia University, New York; Attending Obstetrician and Gynecologist to the Sloane Hospital for Women; Consulting Obstetrician to the City Maternity Hospital. Assisted by George H. Ryder, A. B., M. D., Instructor in Gynecology, College of Physicians and Surgeons, Columbia University, New York; Assistant Attending Obstetrician, Sloane Hospital for Women; Associate Surgeon, Woman's Hospital, New York. Octavo, 858 pages, with 499 engravings and 13 plates. Cloth, \$6.00 net. Lea & Febiger, Philadelphia and New York.

The author's eminence as a specialist in the fields of Obstetrics and Gynecology, his remarkable success as a practitioner and an instructor, and his exceptional advantages and experience as Attending Obstetrician and Gynecologist to the Sloane Hospital for Women, combine to make the appearance of this new work an event of great interest and importance to the medical world.

During a protracted service as medical head of the Sloane Hospital for Women, where over 1,800 deliveries annually occur, the author has enjoyed exceptional opportunities for observation and experience in obstetrics; and for several years he has felt a growing sense of the duty of placing before the profession and students of medicine the methods of this institution and the results obtained. The present text-book of Obstetrics has seemed to him the most rational and perhaps the most useful way in which to meet this obligation. The work, in the methods advocated, is based upon the statistical results of the Sloane Hospital and upon the experience gained by the author in the hospital and in private practice. Another object of the work has been to present American statistics in obstetrics which, it is believed, represent the most extensive and careful records available in this country.

The fact that many text-books now before the profession, although very valuable for reference, are too large for the undergraduate student, has been appre-

ciated by the author, and he has covered the subject concisely, eliminating all unnecessary discussion.

Professor Cragin has written a book which will be found not wanting in any essential feature either as a student's text-book or a practitioner's reference work.

Kings, Queen and Pawns. An American Woman at the Front. By Mary Roberts Rinehart, Author of "K" New York: George H. Doran Company. Price \$1.50.

Mrs. Rinehart is one of the few women who have had an opportunity to see the fighting in this war at close range. She has studied intimately, in the field, the woman's part of the great war, their work in the Red Cross, under fire; the women—from queens to peasants—who stay home; and most of all, the attitude of the grim fighting men toward the women under fire; and she presents her observations in picturesque chapters.

International Clinics. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Paediatrics, Obstetrics, Gynecology, Orthopaedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and Other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by H. R. M. Landis, M. D., Philadelphia, with the Collaboration of Chas. H. Mayo, M. D., Rochester, Sir Wm. Osler, Bart., M. D., F. R. S., Oxford, and others. Volume I. Twenty-Sixth Series, 1916. Philadelphia and London, J. B. Lippincott Company.

This is unquestionably the most valuable volume that has ever been issued by the publishers of the International Clinics. It has sixty-three beautiful and expensive illustrations, many of them colored. Of the 326 pages, every page is made up of the very best medical reading. The illustrations on the subject of Pellagra are among the best that I have ever seen. It certainly gives me great pleasure to recommend the book.

The Great News. By Charles Ferguson. New York: Mitchell Kennerley, 1915. Price \$1.25.

Authorized by President Wilson, Mr. Ferguson—the year preceding the War—visited ten European Capitols to investigate for the Department of Commerce,

the relations of "Big Business" to the Governments of the World. On his return it was arranged by the President that he should visit various business communities in America to suggest ways and means for the promotion of commerce through the development of a more scientific spirit within the body of the business organization. This book contains the essence of his observations.

The American Year—Book of Anesthesia and Analgesia will appear in about sixty days. It will be devoted to exclusive articles on current advances on these subjects by eminent surgeons, anesthesiologists, dentists and research workers. It will be profusely illustrated, artistically bound in cloth, printed on India Tint Paper especially made for it, and will present in its mechanical make-up an attractive specimen of printers' art. The book will contain 352 pages, size 8¼ x 11 inches.

To mention the names and titles of a few of the eminent contributors will be a sufficient guarantee that the book will be one of very great value. It will be published by the Surgery Publishing Company, Medical Department, 92 William Street, New York City.

Ralph S. Lillie, Ph. D., Clark University, Director U. S. Marine Biological Laboratory.

Theodore D. Casto, Philadelphia, Pa. Professor of Anesthesia, Philadelphia Post-Graduate School of Dentistry.

M. L. Menten, St. Louis University.

Geo. W. Crile, Western Reserve University.

Wilfred Harris, London, England.

Rich. H. Riethmuller, D. D. S., Philadelphia. Professor Local Anesthesia, Philadelphia Post-Graduate School of Dentistry and Associate Editor of "The Dental Cosmos."

Therapeutics of the Respiratory System. Cough and Coryza, Acute and Chronic. Repertory with Index. Materia Medica with Index. By M. W. Van Denburg, A. M., M. D. Boericke and Tafel, Philadelphia, Pa. 1916. Price \$5.00.

This is a magnificently prepared treatise. It is designed as a time saver for the prescriber, by bringing together all the drugs applicable to given cases of cough and coryza. No drugs that have respiratory symptoms have been omitted. The foundation of the work is the ten-volume Hering's "Guiding Symptoms." The most striking, prominent and peculiar symptoms have been incor-

porated, as well as those that most clearly and strongly indicate the drug. Cross references connect related symptoms so that a fuller treatment may be given the subject without the expenditure of greater space.

This is possibly the most complete treatise on remedies that effect the respiratory system that has ever been written by a homoeopath. While it is written for this class of physicians, everyone who is interested in medical literature will be greatly benefited by referring to the volume.

It is attractively bound and appropriately indexed. It contains 782 pages.

The Girl from the Big Horn Country. By Mary Ellen Chase. Illustrated by R. Farrington Elwell. The Page Company, Boston. MDCCCXVI. Price \$1.25.

This is the story of a bright, breezy girl who had lived all of her life on a ranch in Wyoming. She comes East for a long visit and finds it rather difficult to adapt herself to new manners and customs, but eventually learns to love the new ways and days. The story is full of life and movement and presents a variety of interesting characters.

The illustrations in the book are quite attractive. They add much to the interest of the book. It is just the kind of book that will be very interesting to young ladies and young gentlemen. We have never read a story so thrilling in some places and pathetic in others. It is beautifully written from the beginning to the end. Miss Chase is indeed a very attractive writer. She has many expressions that are new and she exhibits many evidences that she is a very thoughtful, experienced writer, certainly of this class of literature.

Six Star Ranch. By Eleanor H. Porter. Illustrated by R. Farrington Elwell and Frank J. Murch. Boston, The Page Company, Publishers. Price \$1.25.

Anyone who has read Pollyanna and its sequel, Pollyanna Grows Up, Miss Billy, Miss Billy's Decision, etc., will receive this volume with enthusiasm. The author is no stranger to book readers of this class of literature. She is not only a very attractive writer but a successful one. The illustrations in this book possibly are superior to any of the others that we have seen. It is certainly well enough that Miss Porter has always selected someone who is so capable of getting up appropriate illustrations.

They add much to the beauty and value and appreciation of her writings.

The present book is a decidedly interesting and well-written story of a summer spent on a Texas ranch by a merry crowd of young people from the East. It is one of the most delightful stories for young and old readers.

Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago. February, 1916. Published Bi-Monthly by W. B. Saunders Company, Philadelphia, Pa. Price per year \$8.00. Copyright, 1916, By John B. Murphy.

Democracy and the Nations. A Canadian View. By J. A. MacDonald, LL.D. New York: George H. Doran Company. Price \$1.35.

Four thousand miles of river, lake, prairie and mountain, where nation meets nation, where flag salutes flag, but never a fortress, never a battleship, never a sentry on guard. That is North America's supreme achievement! That is North America's World Idea!

One of the most traveled journalists in the United States writes: "Dr. James A. MacDonald, Editor of the Toronto Globe, is the embodiment of a great idea let loose on the platform and at work on the press. Democracy and international goodwill are the dominant notes of his utterances. He is a world leader on these subjects, the strongest living link between Canada and the United States, the best interpreter of Canada to Great Britain."

These luminous chapters have all the passion of the real orator, all the poise of the disciplined writer, and all the courage of the man of prophetic vision. No other book has ever been written dealing with this subject that is so interesting and so instructive and so valuable to the English speaking people as this volume.

Dr. MacDonald is possibly the most accomplished and most influential editor of Canada. He has been editor of the Toronto GLOBE for many years and in his hundreds of brilliant speeches in the United States he has wonderfully furthered the friendship of the two nations. In this book he demonstrates to the world how important a fact is that friendship, and traces the Anglo-Saxon ideal—of giving a crown to the crowd and making democracy really rule.

Miscellaneous.

The Trend Toward Physiological Therapeutics.

A glance at the chameleon—like therapy of the past decade discloses, amidst the harvest of discarded theories, a sturdy fact that presages a triumph of physiological therapeutics. This is that, once established, body alkalinity can be maintained indefinitely, perhaps, against the corrosion of high secretional acidity, the herald of that sinister menace: ACIDOSIS. Working on the clinical theory of "retention acids" in body tissues, it has remained for a chemist of wide vision to perfect an alkaline-saline formula closely approximating the correlation of the structural salts of the anatomical metals. This KALAK formula in a vehicle of distilled carbonated water, bids fair to displace the administration of concentrated alkali by mouth or enema, because of its prompt absorption, repidity of alkalescence and acceptability over long periods. Absence of systemic or functional disturbance even after copious administration, prove the correctness of its basic theory. Facing the craze for new remedies, with a nomenclature that would stun a super-linguist, it is refreshing to hear of actual results from the four essentials of human life: CALCIUM, SODIUM, MAGNESIUM and POTASSIUM. And enough alkali will neutralize any degree of acidity.

The KALAK WATER COMPANY, Bush Terminal, Brooklyn, N. Y. will gladly send to physicians a half dozen trial bottles Kalak Water, and a set of KALAK "Indicators" (methyl red, rosolic acid, and paranitro-phenol), with the acid of which physicians may in a minute or less estimate quantitatively the true acidity of the urine. This enables the physician to know where his patients stand and whether he is being adequately treated with alkali or not.

The W. D. Allison Company, Indianapolis, has gotten out some handsome new styles of tables and cabinets which are now ready. These new styles comprise some artistic patterns of the latest designs in instrument and medicine cabinets and some very practical and handsome styles of tables. Their new catalog will be ready by the first of May.

The Prevailing "Grip."

The most striking thing about the epidemic of influenza, or grip which is now sweeping the country, is that it is not "grip" at all. Doctor Biehn, of The Abbott Laboratories, has examined numerous specimens of sputum and has very rarely found the influenza bacillus. The organisms which are almost uniformly present in the sputum of individuals suffering from this disease are the streptococcus pyogenes, streptococcus viridans, one or several strains of pneumococcus (often pneumococcus mucosus), and staphylococcus aureus and albus. Other bacteria are, of course, sometimes present, but it is a question clearly a combined streptococcus and pneumococcus infection in the vast majority of instances.

Attention is called to the fact that Pneumo-Combined Bacterin (Abbott) exactly meets indications for the vaccine treatment of these "grip" cases. Calcidin should be employed in every instance, but whenever the infection is a severe one, it is desirable to supplement it with injections of Pneumo-Combined bacterin. One injection may cut short the attack, but two (at 48-hours intervals) are usually required.

In view of the fact that these "cold" attacks (or grip, as it is improperly called) are showing a dangerous tendency to become pneumonic, we strongly urge a more extended employment of bacterin treatment. Occasionally Friedlander's bacillus is a complicating factor especially in those suffering from chronic respiratory catarrhs, therefore, if the patient does not react promptly to the first dose of Pneumo-Combined, we suggest the conjoint employment in later injections of the Friedlander Bacterin (Abbott) and the Pneumo-Combined.

Every person exposed to the virulent type of cold should be immunized by an injection of Pneumo-Combined (Abbott). Literature will be sent on request to The Abbott Laboratories, Chicago.

The Efficient Spinal Supporter.

It is the opinion of a large majority of the medical profession that in cases of spinal curvature, no matter how caused or of what nature, a spinal supporter or brace is indicated.

The efficient spinal supporter should be so constructed as to elongate the spine, for all admit that the only way to straighten a crooked spine is to extend it, to separate the individual vertebrae and allow as little pressure as possible on the intervertebral cartilages and the

roots of the spinal nerves. It should exert a gentle but constant life between the hips, the torso and the axillary folds, thus removing the weight of the upper portion of the body from the spine, transferring it to the hips.

The efficient supporter should be light in weight and comfortable to wear, so that the patient's general health will not be affected by weight or undue pressure anywhere. It should be adjustable that advantage may be taken of improvement in the patient's condition and easily removable to permit of examination and to facilitate bathing, massage and medication.

While giving proper longitudinal support, the efficient supporter should be flexible to allow of movement and exercise sufficient to prevent wasting or atrophy of the muscles.

Plaster of paris casts, sole-leather jackets and steel braces will, in many cases, bring about satisfactory results, but the shortcomings of this rigid form of support are apparent to the modern practitioner. A heavy and rigid apparatus, through the discomfort it brings the patient, meets with opposition from all parties concerned and is often discarded before being worn a sufficient length of time to demonstrate whatever merit it may possess.

Many cases of spinal irritation and general neurasthenia, without actual spinal curve, need a spinal supporter. Most of these patients will welcome a light and comfortable apparatus but find great difficulty in wearing the cast, jacket or brace frequently ordered by Orthopaedists.

In cases of anterior polio-myelitis, a curved spine often occurs and whether muscle grafting is or is not done, support of the spine is indicated and should be advised at a very early period.

In cases of spinal tuberculosis, it is especially necessary to remove the weight of the upper portion of the body from the vertebrae, and a comfortable, efficient appliance is indicated.

On another page in this issue appears the advertisement of the Sheldon Appliance, which we believe is the most practical and efficient spinal supporter on the market. This Appliance is made by the Philo Burt Manufacturing Company at Jamestown, N. Y.

About Soporifics.

The measure of a soporific's usefulness is found not in any single quality but in its adaptability to the various nervous and mental conditions encountered in daily practice. Potency, although it is the first essential cannot be taken as a standard by which to judge a remedy of this class. Danger either of immediate evil effect or habit-forming too often accompanies this quality. The sphere of usefulness of such remedies is limited to cases which are under the constant supervision of the physician or trained attendant. It is essential to have a safe sedative-hypnotic for the vast majority of cases. Such a remedy must be free from habit-forming drugs and dangerous heart depressants. On the other hand it must possess sufficient potency to relieve all nervous manifestations and highly excited mental states not absolutely requiring the administration of an opiate. It must be a remedy in which dependence can be placed not only as to positive therapeutic effect, but also as to freedom from deleterious results.

These requirements are fully met in Neurosine. Neurosine is a potent sedative-hypnotic-antispasmodic not dependent on habit-forming drugs or cold tar derivatives for its therapeutic effect. It possesses positive sedative power and this power is made available wherever desired by absolute freedom from danger. This combination of maximum potency and perfect safety with the added advantage of exemption from narcotic laws makes Neurosine the most satisfactory soporific for routine use. ad-4-16

A Medicinal Trochar, for the treatment of dropsical effusions, is as important an innovation of modern medical science as the therapeutic lancet for the relief of vascular congestion. The latter office has for several years been performed by aconite. The former function is fulfilled by Anedemin. This excellent preparation is a scientifically balanced and skilfully compounded mixture of Apocynum Cannabium, Urgenea Scilla, Strophanthus Hispidus, and Sambucus Canadensis. It is well enough, in a general way, to call it a Medicinal Trochar, but, as a matter of fact, of course, its action is much more fundamental and thorough than that of a trochar. It strikes at the root of the trouble, and removes the cause of the Aanasarca, rather than its results. It restores the balance between the arterial and venous systems,

at the same time improving cardiac tone, and this prevents the accumulation of fluids in the tissue. The Anedemin Chemical Company, Chattanooga, Tenn., will be pleased to furnish physicians with a liberal working sample of Anedemin Tablets for a thorough try-out. Anedemin is a remedy dependable always, can be pushed and administered with safety wherever indicated. Has no cumulative action. ad-6-16

Before and After Childbirth.

Childbirth is always attended by more or less danger and discomfort. Too often the extra burden a prospective mother has to bear overtakes her nutrition and strength.

The mother who nurses her baby also frequently has to have supportive treatment to enable her to meet the demand placed on her bodily metabolism by the needs of her growing offspring. At such times of stress effective tonic treatment is always required and clinical experience has clearly shown that no remedy is so serviceable from every standpoint as Gray's Glycerine Tonic Comp.

Used throughout the later months of pregnancy and during the puerperium, it gives to the mother the exact stimulus and support needed not only to carry her through a trying period but to fit her for the still more exacting one of lactation.

Free from contraindication, it is the one remedy that the practitioner can employ before and after parturition with absolute certainty that its effects will never be harmful but invariably beneficial and helpful.

"The Association of the Medical Officers of the Army and Navy of the Confederate States" will hold its next annual meeting at the Reunion of the United Confederate Veterans, at the Hotel Tutwiler, Birmingham, Alabama, May 16-18, this year.

Under the new constitution, in addition to the former membership of Surgeons, Assistant Surgeons, Acting Assistant Surgeons and Chaplains, it is now provided that all Confederate soldiers or sailors, (though not then medical officers) but who after the war became, and are now regular practitioners of medicine in good standing; and all regular practitioners of medicine in good standing who are the sons or grandsons of Confederate soldiers, have been made eligible to membership, and are hereby invited to be present.

There is much business of pressing importance which will require attention.

INDICATED WHENEVER A
DEPENDABLE TONIC OR
RESTORATIVE IS NEEDED.

USEFUL AT ALL SEASONS
AND FOR PATIENTS OF
ALL AGES.

Gray's Glycerine Tonic Comp.

FORMULA DR. JOHN P. GRAY

Quickens the appetite.
Stimulates gastric activity.
Promotes assimilation.
Improves nutrition.
Restores bodily strength.
Increases vital resistance.

Produces prompt and
satisfactory results in
convalescence from La Grippe,
fevers, etc., atonic
indigestion, malnutrition and
functional disorders in general.

FOR INTERESTING AND VALUABLE INFORMATION
ON TONIC MEDICATION, ADDRESS

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Skin Afflictions

—sunburn, chafing, prickly heat
and the like—are often more sat-
isfactorily relieved by

K-Y Lubricating Jelly

than by any other local remedy.

Colorless, non-greasy, water-
soluble, absolutely non-staining
to skin or clothing, and by all
means the most cleanly and agree-
able of all local applications,
"K-Y" is unequalled as a means
of controlling itching, allaying ir-
ritation and relieving capillary
congestion.

As its soothing properties be-
come known, "K-Y" promptly
supersedes all other emollients.

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New York, U.S.A. London, England

"The Cleanest of Lubricants"

K-Y Lubricating Jelly (REG.
U. S.
"The Perfect Surgical Lubricant" PAT. OFF.)



Absolutely sterile, antiseptic yet non-irritating to the most sensitive tissues, water-soluble, non-greasy and non-corrosive to instruments, "K-Y" does not stain the clothing or dressings.

Invaluable for lubricating catheters, colon and rectal tubes, specula, sounds and whenever aseptic or surgical lubrication is required.

Supplied in collapsible tubes.

Samples on request.

VAN HORN & SAWTELL

NEW YORK CITY and LONDON, ENGLAND
15-17 East 40th Street and 31-33 High Holborn

The term aerial disinfection is employed to mean the use of the air as a vehicle for diffusing, to all exposed surfaces of the room and its contents, a gaseous germicide. The disinfection of the air itself, more or less loaded with germ laden dust particles as it usually is, may be regarded as incidental, just as would be the case with water used in making a disinfectant solution. Air and water are the natural agencies for cleansing an infected apartment. Why should we not render the former germicidal as well as the latter? Some of the most prominent opponents of fumigation advocate a renovation of infected apartments so thorough as to include repapering, repainting, etc. They would subject the scrub woman, paperhanger and painter to the danger they thus clearly recognize, without the protection which a prior and efficient fumigation would afford.

An eminent scientist has placed before a symposium of health officers seven questions hereinbelow mentioned:

1. After what diseases do you think it desirable to fumigate?

2. Do you regard formaldehyde as the most satisfactory aerial disinfectant? If not, what in your opinion is better?

3. Do you think the conclusions reached by Mr. Adams justified?

Reads as follows:

"I am assuming in what follows, only two points: That you are an adult, and a non-consumptive at present. On the hypothesis:

1. You have had tuberculosis.

2. You have cured yourself of it.

3. In the process of curing yourself you have so fortified your body against it that you are safe against "catching" the disease from any other person.

4. If you now become a consumptive it will be through a relapse and by your own fault.

4. Even if this new theory of tuberculosis were generally accepted, would it not point to the necessity of fumigation after pulmonary phthisis to protect children?

5. Have you, in your experience, thoroughly satisfied yourself as to whether or not communicable diseases are commonly conveyed by objects handled by the patient? In other words, what role do fomites play in carrying infection?

6. How is it that some sanitarians who advise burning books handled by a person having a contagious disease, regard the fomite theory, as applied to things generally, so lightly that they do

not fumigate the room and its contents?

7. Is not the viability of pathogenic bacteria so influenced by deficiency of light and fresh air, and so affected by atmospheric conditions in general, as to make it unwise to rely upon disease germs shortly succumbing to conditions practically unattainable without fumigation?

A careful study of the foregoing questionnaire will doubtless present many phases of the varied theories based on the experiences of our leading sanitarians, and, as good citizens, the laity itself should appreciate the difficulties encountered in arriving at a majority vote. Yet a large majority (about 95 per cent.) of the state health officers, joining in the symposium, favor a continuance of formaldehyde gas disinfection on the practical basis that one cause of spreading communicable diseases (room infection) should not be neglected because another has been found (carriers), whatever the relative importance of the two agencies may be. Destroy bacteria by volatilizing formaldehyde, without ignition, in warm moist air.

ad-5-16

The various maladies resulting from more or less tardy alimentary conditions can be promptly and thoroughly relieved by the judicious use of Pil. Cascara Comp.—Robins. Made in two strengths, Mild 1 gr., strong 4 grs., you can easily regulate the dose to suit each patient. For this purpose these pills are par excellence the remedy.

ad-4-16

The North Carolina State Library, Raleigh, N. C., is desirous of securing a complete file of the North Carolina Medical Journal. Any information as to where these magazines can be secured will be greatly appreciated by the Librarian, M. O. Sherrill.

The Hotel Malbourne, Durham, N. C., offers its hospitable entertainment to the visitors to the State Medical Society meeting, April 18-20. It is a well appointed hotel with comfortable apartments, a liberal cuisine including at all times the very best the market affords and, under experienced management, its genial proprietors do not hesitate to assert their ability and disposition to satisfy the most exacting of the profession who grace the Durham meeting with their presence.

ad-4-16

DOCTOR, we will make a Sheldon Spinal Appliance *to order* for any case and allow a 30-day trial

Did any other orthopaedic institution ever make you a like offer? Do you know of any other orthopaedic institution that will make you a like offer? We offer to make you an appliance to special order for any of your patients and let it prove its usefulness.

We have been doing business on that plan for more than fifteen years. During this time more than 25,000 cases of spinal trouble have been either wholly cured or greatly benefited by the Sheldon Method consisting of a light comfortable appliance and special exercises.

If you have a case of spinal weakness or deformity now—no matter whether it is an incipient case or one seriously developed—write us at once and we will send you full information about the Sheldon Method, with incontrovertible proof of its efficiency.

Every Sheldon Appliance is made to special measurement. It lifts the weight of the head and shoulders off the spine, and corrects any deflections in the vertebrae. It does not chafe or irritate, weighs ounces where other supports weigh pounds and is easily adjusted to meet improved conditions. The Sheldon Appliance can be put on and taken off in a moment's time. It is easily removed for the bath, massage, relaxation or examination.

The price of the Sheldon Appliance No. 1 with the special course of exercises is but \$25 and each appliance is fitted under our absolute guarantee of satisfaction or money back.

Write for our illustrated book and our plan of co-operation with physicians.

PHILO BURT MANUFACTURING CO., D-128 Odd Fellows Temple JAMESTOWN, N. Y.



Two Valuable New Publications

A HAND BOOK of

INFANT FEEDING

BY LAWRENCE T. ROYSTER, M. D.

Attending Physician Bonney Home for Girls and Foundling Ward of the Norfolk Society for the Prevention of Cruelty to Children, Physician in Charge of King's Daughters Visiting Nurse Clinic for Sick Babies, etc.

144 Pages. Illustrated. Price, \$1.25

This book is just off the press and is a very valuable book for the general practitioner. The following subjects are covered in special chapters: Resources, Growth and Development, Stools in Infancy, Breast Feeding, Handling of Normal Baby on the Bottle, Care of Premature Baby, Digestive Disturbances of Breast Fed Infant, Digestive Disturbances of Artificially Fed Infant, Difficult Feeding Cases, Infant Feeding During 2nd Year, Marasmus, Infectious Diarrhea, Preparation of Formulae, Caloric Needs of Infant, Milk, etc.

CANDY

MEDICATION

BY BERNARD FANTUS, M. D.

Professor of Pharmacology and Therapeutics, College of Medicine of University of Illinois, Chicago.

82 Pages. Illustrated. Price \$1.00.

Candy Medication has given such delightful results in private practice among children that the author believes it should be more widely known and used. Researches conducted by the author in the Laboratories of the University of Illinois form the basis of this little book. The making of this form of medicine is explained so plainly, and in such a manner that this book should prove a wonderful help to the general practitioner of medicine. It is bound to lessen the difficulties experienced by nurse and mother in giving medicament to the sick child; and help to makethe doctor more popular with the little ones. This volume has just come from the press.

The C. V. Mosby, Co.

Medical Publishers.

801-807 Metropolitan Bldg,

St. Louis, U. S. A.

HOW DO YOU KNOW?

when your patient is approaching the danger point as the victim of an acid intoxication? How do you know when by your treatment you are giving enough alkali? You can only tell by measuring the acidity of the urine. Will you let us send you a set of indicators with which you can in less than a minute measure the acidity? It costs nothing.

KALAK WATER CO.,

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BROOKLYN, N. Y.

Simple, Efficient and Agreeable.

A great variety of means have been devised for the disinfection of the oral cavity—gargles, sprays, paints, and the compressed antiseptic tabloid—all of which are more or less troublesome, whilst the compressed tabloid is very uncertain, the antiseptics having frequently evaporated by the time the patient uses it. A convenient, effective, and pleasant method to bring a reliable antiseptic into constant contact with the pharyngeal and nasal mucosa, is to direct the patient to put 3 drops of Sander's Eucalyptol on a piece of loaf-sugar and allow it to dissolve in the mouth. The volatile nature of Sander's Eucalyptol makes it penetrate every crevice in the oral and nasal cavities, whilst it is also inhaled into the trachea and bronchi, in all of which it exercises a great antiseptic and, by virtue of its aroma, a salutary stimulant effect. In influential sore throat this treatment is specific, the headache disappearing quickly and rapid general improvement following, especially if supplemented by internal doses of 5 drops Sander's Eu-

calyptol in a tablespoonful of water. Tonsillitis, the rheumatic, scarlatinal, diphtheritic and septic sore throats are all amenable to such treatment. In bronchial and asthmatic affections, it should be combined with steam inhalations to which 10 drops of Sander's Eucalyptol have been added. To avoid disappointment Sander's Eucalyptol should be specified. The common eucalyptus oil, containing as it does all woody extractives, is always irritating and, what is more objectionable, nauseous. Sander's Eucalyptol is prepared from the carefully selected leaves of a certain species, and any admixture of wood is scrupulously guarded against. It has no nauseous effect, no heart depressing action, and is standardised, producing always a constant and definite therapeutic effect.

ad-4-16

FELLOWS' Compound Syrup of Hypophosphites

1866—1916

Not a new-born prodigy or an untried experiment, but a remedy whose usefulness has been fully demonstrated during half a century of clinical application.

For 50 Years The Standard

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Reject < Cheap and Inefficient Substitutes
Preparations "Just as Good"

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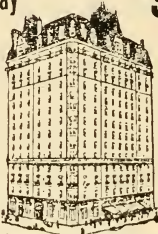
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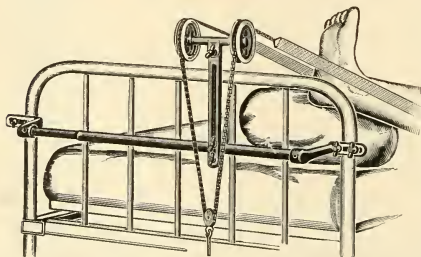
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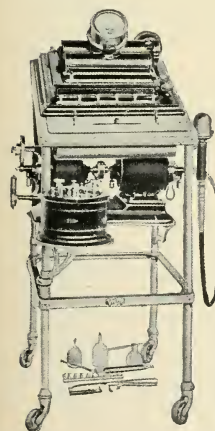
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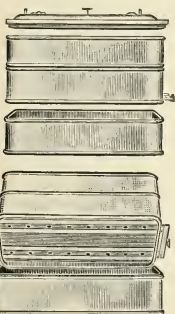
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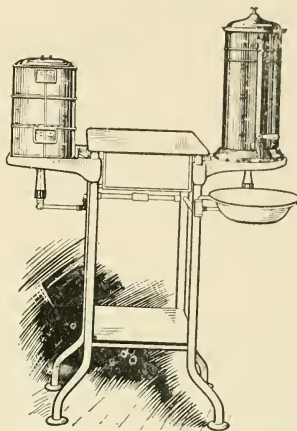
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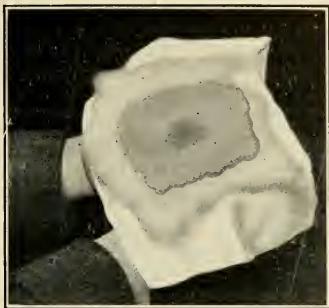
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Dr. Kemp P. Battle, Jr., Raleigh, N. C.

The Charlotte Medical Journal

VOL. LXXIII

CHARLOTTE, N. C., MAY, 1916.

No5

**KEMP PLUMMER BATTLE, JR.,
A. B., M. D., RALEIGH, N. C.**

Edited by Drs. D. W. and Ernest S. Bulluck,
Wilmington, N. C.

Dr. K. P. Battle, Jr., whom we honor this month, is recognized as one of the ablest medical men in the Carolinas. He was born at Raleigh, N. C., March 9, 1859. His high school life began at the age of twelve, at Bingham School, Mebane, N. C., under the tutorship of Col. Wm. Bingham and Major Robert Bingham. In 1875 he passed upward to the University of North Carolina, and there came into his life men of rare merit. He was graduated, Bachelor of Arts, with the class of 1879—the class of Gov. F. D. Winston, Judge R. W. Winston, Bishop Strange, Judge J. S. Manning, Dr. J. M. Manning and Mr. W. J. Peele, and such characters, yet in embryonic state. The fall of the same year he began the study of medicine at Chapel Hill and was graduated with the degree of M. D. at the University of Virginia in 1881; also with the same degree from the Bellevue Hospital Medical School in 1882. It was in the latter year that he was licensed to practice, and joined our State Medical Society.

It would seem likely that no part of Dr. Battle's preparation was of greater fundamental importance than his experience as interne at Charity Hospital, on Blackwell's Island, N. Y., and in the Blackwell's Island Lunatic Asylum, New York. Following his interne days came appointment as Assistant Surgeon in the United States Marine Hospital service, 1884 and 1885, stationed at New York, Pittsburgh, Memphis and New Orleans.

In 1886 Dr. Battle gave his special attention to the eye, ear, nose and throat. He studied at the London Ophthalmic Hospital, London Throat Hospital and New York Eye and Ear Infirmary. Since this special preparation he has taken post-graduate courses from time to time.

The firm of Lewis, Battle & Wright, Raleigh, N. C., is the outgrowth of Lewis & Battle—Drs. R. H. Lewis and K. P. Battle, Jr., which firm saw its twenty-eighth anniversary in November, 1914. By this time their clientele had extended its boundaries so far that Dr. John B. Wright, formerly of Lincolnton, N. C., and one of the recognized strong young men of the profession, was added to the firm.

Dr. Battle is a member of the Raleigh Academy of Medicine and Wake County

Medical Society, of which he was president last year, and of the American Academy of Ophthalmology, Otology and Laryngology.

The medical profession generously recognizes the position of Dr. Battle in the field where he has so successfully labored. He was a member of the State Medical Examining Board, 1897-1900, and his work here, as elsewhere, was characteristic of the man and his methods. One of his colleagues, a physician of Statewide reputation, in speaking of the labors of the Board, said there probably had never served on the North Carolina State Board of Medical Examiners, since its organization in 1859, a member more painstaking and careful than Dr. Battle. Earnest and conscientious to a degree, with a wise and discriminating judgment his advice was much appreciated by his fellow members. He was Professor of Physiology in Leonard Medical School from 1885 to 1914, and Professor of Diseases of Throat and Nose in the Medical Department of the University of North Carolina from 1902 to 1910 (when the last two years of the medical course were discontinued). He is one of the ophthalmologists to the North Carolina State School for the Blind, and one of the visiting oculists and aurists to the Rex and St. Agnes Hospitals, Raleigh, N. C. He is also one of the local oculists for the Seaboard Air Line Railway. Additional honor came to him when he was accepted in 1913 as a Fellow of the American College of Surgeons.

Dr. K. P. Battle, LL. D., of Chapel Hill, the "Grand Old Man" of our State University, is the father of a family which has acquired great distinction:

K. P. Battle, Jr., M. D., the subject of this sketch.

Thos. H. Battle, lawyer, banker and cotton mill man, Rocky Mount, N. C.

Herbert B. Battle, formerly North Carolina State Chemist, Ph. D., Director of the Agricultural Experiment Station, and now the head of the Battle Chemical Laboratory of Montgomery, Ala.

Wm. Jas. Battle, Ph. D., Professor of Greek and Acting President of the University of Texas.

The Biographical Dictionary, "Who's Who in America" (for 1914-1915), shows marked acknowledgment and appreciation of the fact that Dr. K. P. Battle, Sr., and his four sons rank with the eminent of their

State in the application of talent, energy and industry to the betterment of mankind and the improvement of conditions under which we live.

TONSILS.

By James M. Parrott, M. D., F. A. C. S., Kingston, N. C.

I have chosen a rather general theme so I can have sufficient latitude to present my ideas of the treatment for diseased tonsils. My opinions concerning tonsillar work are founded on my studies and observations and I am well aware that at several points they are at variance with those of many authorities.

It is commonly accepted by general practitioners and frequently taught in text books that chronic tonsilitis is caused by gastro-intestinal disorders, frequent exposure to cold, damp feet, rheumatic diathesis, repeated attacks of acute tonsilitis, tubercular diathesis etc., etc. My experience has taught me that this etiological statement is in nearly, if not all cases, misleading. Instead of causing this disease most often they are results. For example a tonsil becomes infected with staphylococci, streptococci etc.; toxins are absorbed from the focus and either through the blood or otherwise produce gastro-intestinal disorders. After removal of the infected tonsillar area the gastro-intestinal symptoms disappear and the patient is restored to health with no further treatment. Frequently the same observation can be made as to, rheumatic diathesis and very often as to acute tonsilitis and other pathological conditions so often given as causative factors.

It is a very obnoxious and dangerous teaching to insist dogmatically that tubercular diathesis causes chronic tonsilitis and by not explaining in detail, leave the impression that tubercular infection is never through the tonsil. In my opinion a diseased tonsil is a portal, very frequently, through which tuberculosis gains entrance to the body. So thoroughly am I convinced of this that I feel justified, if for no other reason, in advising removal of either part or all of a diseased tonsil to prevent tubercular infection.

All small tonsils are not healthy. In fact some of the worst tonsillar cases I ever saw were small, buried tonsils. All enlarged or prominent tonsils are not dis-

eased. It is a fact that there is hyperplasia of nearly all lymphoid tissue in children of tubercular diathesis. No reason satisfactory to my mind has been offered for this. I surmise that it is a part of nature's campaign of defense and if this is true, so long as such enlarged tonsils cause no disturbance by mechanical action, why should they be removed? Indeed is it not better and safer that they be allowed to remain? I think so. However, if we accept the implication of many text books, teaching that tubercular diathesis causes chronic tonsilitis and that of many throat specialists of the present day, that all enlarged tonsils are diseased tonsils we must insist on the immediate removal of all hypertrophic tonsils, irrespective of the cause or effect of such hypertrophy.

Gastro-intestinal diseases and the two diathesis already mentioned lower body resistance in one instance or a lowered body resistance accompanies the other and hence one suffering from such disease or diathesis is more liable to tonsillar infection than a normal person. However to state that they cause chronic tonsilitis is another case of "putting the cart before the horse."

My experience has led me to think that many practitioners regard the chief and most frequent damage done by diseased tonsils as almost if not entirely local. As a matter of fact such is not the case. While the pharynx, larynx, etc. may be and often are affected by the extension of tonsillar disease as evidenced by attacks of croup, dryness or "dripping" of throat, headaches etc., the greatest harm done by infected tonsils (nearly all diseased tonsils are infected) is to organs at a distant part of the body.

The bacteriologist in our hospital has shown that chronic tonsilitis is nearly always caused by a mixed infection (streptococci, staphylococci and diplococci). Very frequently colon bacilli and even typhoid bacilli cause chronic tonsilitis, while tubercle play a frequent causative role. This is an important observation and its recollection will be of material aid to physicians in determining just what advise to give the patient.

Cervical adenitis is usually caused by infected tonsils and generally disappears permanently after proper tonsillar operation. Headache, nervousness and even stupidity may be produced by diseased tonsils and it is a very frequent observation that earaches and middle ear diseases have their cause in the tonsils. Every experienced throat specialist time and time again has removed diseased

*Read by invitation before Onslow County Medical Society January 21, 1916.

tonsils in these cases with prompt and entire relief to the patient.

Organs more distant than those in the head and neck are sometimes seriously and permanently impaired by infection or toxins from diseased tonsils. As an illustration of distal effect, let me cite a case. Lula A.—9 years old referred for operation by a physician who had correctly diagnosed the case as of tonsillar origin. For several years she had been subject to attacks of tonsillitis. For two years her general health had been bad. Examination revealed mitral regurgitation and low hemoglobin percentage. The tonsils were small and on casual examination appeared normal. A very careful examination showed both badly diseased and deeply buried. After removal bacteriologic examination showed streptococci, staphylococci and diplococci in the raw, nasty tonsil crypts. The child rapidly improved and while the heart murmur has continued and will be permanent, yet she is robust comparatively. I am certain that had her tonsils been removed three or four years ago she would have escaped the heart lesion. This case teaches a valuable lesson.

"Growing pains," so called rheumatism, "stunted growth" inability to study or to learn, languidness etc. very, very often are caused by infected tonsils. While the tonsils are not always at fault still we should keep them in mind when studying children and young adults suffering from such symptoms.

From these hop-skip-and-jump remarks please do not gather the idea that I think tonsils are "the root of all evil" or that their removal will cure all human maladies. Most assuredly I do not. I wish to make and emphasize the point that diseased tonsils cause a great deal of serious harm both immediate and remote and that such damage is often overlooked. We must get away from the idea that chronic tonsillitis is always a result and must appreciate the fact that it is usually the cause. We must understand that all of the bad effects of diseased tonsils is not found entirely in the throat and head as evidenced by difficult respiration, attacks of sore throat, ear discharges, headaches etc., but that quite, in fact very, frequently these complications are really mild and almost insignificant as compared to damage done to distant organs such as the heart, lungs, joints, kidneys, gastro-intestinal tract and nervous system.

Let me say in conclusion that I do not advocate the partial removal of every tonsil or the complete enucleation of all

tonsils. Many tonsils are being partially enucleated which should be completely removed and many completely enucleated which should be only partially removed. The throat specialist must realize that we are now in the era of physiological surgery and that pathological surgery was the surgery of yesterday. To say that because a tonsil is diseased and therefore a tonsilectomy always should be done, is to stand with the gynecologist of twenty years ago. In those days of "high" surgery, ovaries were removed promiscuously, even on suspicion. We know better now and even parts of ovaries, yes more, we are grafting sections of ovarian tissue, thus recognizing the fact that ovaries have functions. So in tonsil work we must view the case from the standpoint of physiologists and not entirely as pathologists. We must admit and so act in our work that nature is an expert and economical architect. We should remove the decayed sill when possible and not destroy the entire house because a small part is rotten.

THE DOMESTIC WATER SUPPLY AND ITS RELATION TO DISEASE*

By Dr. C. A. Shore, Raleigh, N. C.

When I chose the subject of my remarks I realized fully that all that I could hope to say had been said before, but my experience in a State Health Laboratory has impressed me with the importance of repeating and emphasizing the message both to the public and to the medical profession. Almost every day we receive a letter in substance as follows: 'Mr. So-and-So's family is down with typhoid fever; first one case then another, until now almost all of them are ill; we therefore suspect the well of being contaminated and would like to have the water examined for typhoid bacilli.'

My remarks will be chiefly about typhoid fever but are just as applicable to the dysenteries and perhaps also to Asiatic cholera which fortunately is not at present a practical problem with us.

It is only a few years ago that outbreaks of typhoid fever, both in small rural epidemics and in isolated cases, were entirely inexplicable as to origin. They did not cause us any particular concern for we had become accustomed to typhoid, and we remarked casually that the "water was probably bad." We had

*Read before the recent meeting of the Tri-State Medical Association of the Carolinas and Virginia in Richmond, Va.

all read of certain epidemics in cities which were water-borne and they took hold of the imagination of the profession and the general public. The fact that typhoid bacilli were almost never isolated from water by a laboratory examination did not have much influence on our explanation. Various cities installed filtration plants with the expectation of an almost immediate cessation of typhoid only to be disappointed. This was notably the case in the District of Columbia where an admirable system of filtration had no effect in reducing the number of cases.

Then came two important discoveries which we all accept theoretically but which have not yet received complete practical acceptance.

These discoveries were, first, that the number of mild and often unrecognized cases of typhoid fever greatly outnumbered the severe cases with classical symptoms; and, second, that many persons who have recovered from the disease continue to harbor typhoid bacilli and to excrete them for an indefinite time.

The explanation of the continuation of our endemic typhoid at once became clear, but the problem of control was seen to be more complicated than it had formerly been considered. I am convinced that water-borne typhoid is a very small percentage of the total in our State. Yet we are only beginning to emphasize the danger of infection by direct contact and indirectly by the intermediation of flies when typhoid infected excreta are deposited on the ground or in surface closets.

I know we have heard these statements so often that they make little impression on us, but the laboratory worker knows the necessity of reiteration. We have examined in the State Laboratory of Hygiene of North Carolina more than 27,000 samples of water. About three-fourths of these have been of public supplies—the others of private wells and springs. I regard the latter as almost useless, except that we in the laboratory have been taught a good many things. For example, that an open top bucket well nearly always has abundant *B. Coli*, and water from a deep bored well contains only harmless natural water bacteria unless contaminated at the surface. The health officer or physician should be able to tell more about a domestic supply from one examination of the local conditions than can the bacteriologist and chemist by a laborious analysis, especially if exact knowledge of the source of the sample is lacking.

A well is not a menace in itself as many public health articles would infer. It is the kind of well that counts. To put it another way, the underground water at reasonable depth has been thoroughly filtered and is free from disease producing bacteria. I would put this depth at 20 feet in clay soils and 30 feet in sandy soils. (I have had no experience with water from limestone strata). The problem therefore is to get this pure water to the consumer without pollution. It is obvious that it cannot be done if surface water runs into the well, or if the handling of bucket and chain is involved. The essential element is the elimination of direct and indirect human contact. The same principle applies to municipal supplies. Each water company should be compelled by daily care to have its water in such a condition that the carriage of bacteria of human origin is impossible.

The danger of a polluted water supply remains as real as ever, but in the light of our present knowledge it seems clear that the control of intestinal diseases can best be accomplished by a more personal prophylaxis, laying the chief emphasis on the disinfection of all excreta from the patient.

MYOSITIS OSSIFICANS TRAUMATICA.*

By W. P. Mathews, M. D., Richmond, Va.

Definition: "An affection in which masses of bony tissue, of varying sizes and shapes, develop within or in contact with the muscles, often following traumatism."

This case is reported because of its rarity, being the second one I have ever seen.

Robt. Cox, referred by Dr. Snead, of South Hill, Va.; male; white; married; age 38; a farmer; both parents living and healthy. The father of four healthy, robust children. No history of any venereal disease; in fact, a past history of perfect health, except an attack of otitis media five years ago, which promptly responded to treatment.

On May 15th, 1915, while using an old fashioned plow, the handle slipped on striking an obstruction in the ground and struck him a very severe blow just above the right groin that caused him to stop work for about twenty or thirty minutes. This occurrence was soon forgotten.

*Read before the Richmond meeting of the Tri-State Medical Association of the Carolinas and Virginia.

Early in August 1915, he had a moderately severe attack of typhoid fever, with recovery in about six or eight weeks. Soon after returning to work he discovered some trouble of the tissues about the hip, which steadily became worse. The thigh and hip were swollen and tender on pressure and movement. The motion became more and more restricted and firmer and harder to the touch, and with the limb held in slight adduction.

He was referred to me December 18th with a possible diagnosis of hip joint disease. Please note that he had just recovered from an attack of typhoid fever, so often the precursor of any toxic arthritis. However, the radiograph, made by Dr. A. L. Gray, showed the true state—not a joint involvement—but the rare one of myositis ossificans traumatica. A print of the radiograph is presented herewith.

Three types of myositis ossificans, according to A. H. Tubby, are recognized, viz:

(1). Myositis ossificans progressive or Idiopathica.

(2). Myositis ossificans circumscripta, in which the change is confined to a single muscle, or to a group of muscles.

(3). Myositis ossificans traumatica, or osteoma of muscle and tendon.

In the first type, while a very rare condition and whose pathology is still uncertain, yet it is pretty well understood so far as its symptoms and course are concerned, attacking boys and young men almost exclusively, running a very intractable, steady course to a fatal termination in from ten to twenty years. Attacking, usually the muscles of the back first, the muscle-parenchyma is not primarily affected, the bony deposits being interstitial, though there may be simultaneously a periosteal development of bone, but not usually so. No definite nor adequate treatment has as yet been formulated.

As to the second and third types, authors are quite confused and confusing as they attempt to distinguish them, so that many orthopedists simply class them together. To me, if there be any real difference at all, it is distinguished only in the time in its development, with the addition of a well recognized trauma sufficient to account for it. The traumatic form is more rapid in development, just such as the course of the case being reported.

Even before the classical report of Abernethy (1825) of the case of a lad who invariably had a bony growth in a muscle following any severe blow upon

it, there had been several cases of myositis traumatica reported by Mascarel, Gillette, Barth, Demarquey and others. Billroth (1855), Virchow, Volkmann and particularly Josephson (1874) published memoirs of this condition. Cahier (1904) (Rev De Chirurg) assembled notes of one hundred and thirty-three cases, to which R. Jones and D. Morgan (1905 and 1906) added twenty others, with twenty-six radiographs and other illustrations.

Tubby says that the usual age is met between twenty and thirty years, occurring in young males, as a rule, very frequently in soldiers and horsemen, or those subjected to repeated traumas.

Holmos relates that formerly Prussian soldiers repeatedly brought the musket sharply up against the deltoid in drill exercise, and the result was the formation of the so-called "drill bone."

The muscles affected are: Brachialis anticus, 45 cases; the adductors of the thigh, 40 cases; quad. femoris, 28 cases; and exceptionally, the biceps cubitis, supinator longus, the pectineus, gluteus maximus, the ham-strings, and rarely the temporals. (Tubby).

The usual history is that of traumatism, either single and severe, or slight and often repeated.

The preponderance of authority supports the opinion of those who claim that these growths of bone in and among the muscles have no apparent connection with the skeleton. Sometimes these muscular osteomata are multiple and disseminated in the mass of the muscle itself, and they may be rounded, lamellar, or appear like "lobster claws." Some are connected to the skeleton, while others have a pedicle running along the tendon, or quite independent of it, and attached to the bone. As a rule, these plate-like formations are found on the surface of the muscle, while the rounded or oval ones are in its substance. At some points endochondral ossification is noticed, the cartilages apparently arising from the transformed surrounding connective tissue, while at other points the process seems metaplastic (like the periosteal form) without the intervention of cartilage.

Pathologically there are several theories as to the origin of these growths, viz:

(a) That these growths are sesamoid bones.

(b) That they are "Periosteal Inseminations."

(c) That they are due to the escape of osteogenetic cells from a torn perios-

teum.

(d) To transformed haematoma (for a clot can be, and, in fact, has been at times replaced by young proliferating cells, the precursors of bony tissue).

(e) That, following Haga and Fujimura, this condition has followed experimental contusions and ruptures purely muscular.

I believe that Ombredanne summed the whole matter up, as far as we know, as follows: "A certain number are of periosteal origin. We must also grant the possibility of the transformation of mesoblastic tissue into bone; and further, the provisional callus, preliminary to the deposit of bone may be derived from the transformation of a haematoma, or the cellular proliferation following on the rupture of muscle."

Arbuthnot Lane holds that ossification in unusual situations may follow excessive straining on muscles, ligaments and bone.

According to Da Costa, 7th edition, it seems possible that local myositis ossificans may, in severe instances at least, be a sarcoma in which rapid ossification occurs.

I shall watch this case carefully and make a report later.

605 E. Grace St.

A PRELIMINARY REPORT ON THE USE OF ARSENOBENZOL AND DIARSONOL IN THE TREATMENT OF SYPHILIS.

By E. P. Merritt, M. D., Atlanta, Ga., Instructor in Genito-Urinary Surgery Atlanta Medical College; Medical Department of Emory University; Urologist to the Atlanta Anti-Tuberculosis Association.

Case histories and watching the patients is the only way we can tell the virtue of any preparation administered. Personal opinions do not amount to much without the backing up of experience with the real thing. Therefore, I will give a preliminary report on the use of these two preparations and results obtained from same. These two preparations are almost an equal to each other in appearance and action. Arsenobenzol is manufactured by the Philadelphia Polyclinic at the Dermatological Research Laboratory; this preparation is a yellow powder; soluble only in boiling water; has slight arsenic odor—is mixed and administered in about 200 c. c. of water; adding the sodium hydroxide the same as in "606." I have administered it to 11 different patients, giving some patients more than one dose at intervals without any noticeable reaction to any

patient; and every dose seemed to improve the patient's condition—even where there were no external manifestations to be an ocular guide.

I will mention briefly the history of three of these patients as the others would not be interesting and there was no evidence to be governed by.

Case No. 1. This patient had the secondary rash which had reached a pustular stage which was a little out of the ordinary. He was given 0.4 gm. dose of this preparation and in two days the constitutional symptoms were greatly relieved, and the rash was fading very fast.

Case No. 2, Tertiary Syphilis; having had syphilis about one year—a very interesting point about this case was that he had the appearance of the chancre; in the same place on his penis, for the third time, which we refer to as a "chancre redux," with all of the glandular enlargements that accompany syphilis.

He was given 0.4 gm. dose of this preparation and responded rapidly; the sore vanishing in a few days.

Case No. 3, Secondary rash with initial sore on the penis and constitutional symptoms; this patient was given 0.4 gm. dose of this preparation and in 24 hours afterwards was very much relieved and in 48 hours, the rash was fading and constitutional symptoms were entirely relieved; the sore was healing rapidly.

Diarsonal.

This preparation is a yellow powder; readily dissolved in warm normal saline solution; gives off a strong garlic odor and is mixed exactly like salvarsan and is given in the same manner. It is manufactured by the Synthetic Drug Co., of Toronto, Canada. Dosage averaging from 0.4 to 0.6 gm. I have given this preparation to 13 different patients; giving some patients more than one dose at different intervals. Five of this number were primary syphilis—the others secondary and tertiary.

Case No. 1, Primary Syphilis—sore on penis; duration two weeks; spirocheta pallida found in excretion—Patient given 0.3 gm. dose; sore healed entirely in five days; general feeling much better.

Case No. 2, Primary Syphilis; sore on penis; typical chancre; five weeks duration; this patient had been taking small doses of iodide and mercury previously for two weeks, without any noticeable improvement; eight days after administration, the sore was entirely well.

Case No. 3, Primary Syphilis; chancre of the lower lip; this case I assisted Dr. A. L. Fowler with; patient gave history of having had "fever blister" on lip while

in Florida three weeks previous to our examination, which he says got worse until it developed into a typical chancre at the time we saw him. The spirocheta pallida were very beautifully demonstrated, microscopically. There was very much induration accompanying this sore, also the glands of the neck were very much involved.

Patient was given 0.6 gm. dose of Diarsonol, and while the dose was being administered, he seemed rather nervous, complained of a tight feeling in the chest, with flushness of the face, followed by paleness; lips became thickened; pupils dilated and he became very weak; also respiration quick. His pulse was very weak and fast. We at once injected 20 drops of adrenalin chloride intramuscular; raised his feet; lowered his head and produced artificial respiration, and in about thirty minutes he began to revive and went home.

All of the following night he had diarrhea; intermittent chills; nausea and vomiting; in about sixteen hours these symptoms subsided. Five days after the injection, patient showed some improvement, but not marked.

I will not mention other cases, only to say in most instances, they showed some improvement every time this preparation was administered.

In conclusion, intravenous injections should be made of the purest water obtainable; this would keep down many reactions alone. After giving nearly the same number of Arsenobenzol and Diarsonol, my preference for constant use would be the Arsenobenzol, as it seems to be less toxic and I believe the symptoms of syphilis will disappear quicker under its use.

Drs. Ormsby and Mitchell administered 184 doses without any toxic effect; this is a good record.

Dr. A. H. Cook gave 14 doses of Diarsonol, getting reactions from three doses, which shows that it is more toxic than Arsenobenzol. In my experience of about 20 doses each of these preparations, I did not notice any reactions from Arsenobenzol to amount to anything; but in Diarsonol as mentioned, on very marked dangerous type. In my opinion, these preparations are very beneficial to the syphilitic patients, not forgetting our old reliable remedies, mercury and iodide. In conjunction either preparation is worthy of praise; although time can only tell their real therapeutic value, as "our conscience," plus practical experience must be our guide.

Candler Building.

AN ANALYSIS OF THE REPORT OF ABRAHAM FLEXNER ON THE REGULATION OF PROSTITUTION IN EUROPE.*

By Dr. Chas. V. Carrington, Richmond, Va.

A word of explanation is not amiss in this connection.

Abraham Flexner, Assistant Secretary of the General Education Board, New York City, was sent to Europe and given carte blanche as to expense and time in order that he might thoroughly investigate, so far as it was humanly possible, the subject of Prostitution in all of its phases.

The investigation by a grand jury in New York City (of which John D. Rockefeller, Jr., was foreman) of Prostitution, the Red Light Districts and kindred subjects, is said to have been the reason for the sending of Abraham Flexner on his tour of investigation. His pre-eminent qualifications as a safe and sane investigator were and are now unchallenged. The following is a condensed extract from his voluminous detailed report on the Regulation of Prostitution in Europe.

"In discussing the regulation of prostitution in Europe, I propose in the first place briefly to describe regulation, and, in the second, to call attention to certain prevalent misconceptions in relation thereto. Arguments are often presented in behalf of some proposed method of dealing with prostitution in America on the ground that 'they do this or that in Europe.' The last word in every discussion bearing on the licensing of prostitution, the toleration of houses of prostitution, the segregation of prostitutes, the medical inspection of prostitutes, is 'Well, at any rate, this is the way they do in Europe.' It is assumed that European wisdom, born of long experience ought to influence the American policy. Now, I am so unfamiliar with American conditions in respect to this evil that I cannot undertake to say how far or in what respect European experience is applicable to America; but I shall try briefly to state what European experience actually is.

Regulation.

"Two methods are employed in dealing with prostitution in Europe. The first is called 'regulation.' Regulation means that prostitution is tolerated on certain conditions. In a word, regulation endeavors to get along with prostitution by subjecting it to certain rules which practically constitute a license to practice prostitution subject to these rules.

*Read at the Richmond meeting of the Tri-State Medical Association of the Carolinas and Virginia.

"Time was when regulation prevailed throughout almost the whole of Europe. It has now died out in Great Britain, Holland, Denmark, Norway, and Switzerland, excepting only the city of Geneva. It cannot be said to be as vigorous any longer in even a single one of the countries in which it still exists. The system is on its last legs in France, Belgium, Germany, Austria-Hungary, Sweden and Italy. In only two towns, Hamburg and Budapest, do the municipal authorities as a whole any longer tenaciously cling to it. When we are told that regulation is practiced in Europe, we may confidently reply that the system has died out in many countries and is moribund almost everywhere else.

Details of Regulation.

"As to the details of regulation. The word is ordinarily employed in America as if regulation were a definite policy, formulated in unambiguous terms. Such is not the fact. No two countries and not two cities still adhering to regulation practice it in the same way. Wide diversity prevails in respect to points of fundamental and essential importance. I have not the time to enumerate these divergencies. They affect the question as to who can be enrolled, as to how enrollment takes place, as to what enrollment means, and as to what happens if the rules are broken. How are these diversities to be accounted for? If regulation operated successfully in any one place, every other city employing the system would copy the successful model. Regulation varies from place to place because it does not operate successfully anywhere. When, therefore, it is urged that regulation be adopted in America because it is used in Europe, I suggest that it be asked what form of regulation is meant and what degree of success it achieves in the place in which it is employed.

"If I may, for the sake of brevity, characterize regulation in general terms, I should say that essentially and generally in regulated communities the prostitute applies to the police for permission to carry on her trade; her name and abode are registered; she agrees to live in a particular place; to avoid certain localities; to avoid certain associations; to refrain from acts; and to appear at regular intervals for medical examination. These rules aim to secure chiefly two objects; the preservation of public order and the promotion of public health. Prostitution is a menace to both of these things—a menace to public order, since the prostitute, if unrestrained, will offend against decency, and will make common cause either with outright criminals, or with other hardly less odious social par-

asites and vultures; a menace to public health because venereal disease is the sure concomitant of all promiscuous sexual intercourse. Unrestrained prostitution means, therefore, disorder and the diffusion of venereal disease. If, now, regulation hopes effectively to grapple with prostitution on either or both of these grounds; if regulation hopes to preserve public decency or to promote public health, it is obviously necessary that all, or at any rate most, prostitutes should be regulated. On the face of the matter, it is clear that, if a minority only are inscribed, the policy cannot be said to control or materially to affect the situation, from either the standpoint of health or the standpoint of order. As a matter of fact, no regulated city inscribes prostitutes enough to control the local situation. There are from 50,000 to 60,000 prostitutes in Paris; only 6,000 are regulated; there are 20,000 to 30,000 in Berlin; 3,300 are registered; there are 3,000 in Brussels; 182 are registered. In most cities the number of inscribed women is so small that the system is the merest farce. Havre registers 136, Munich 173, Stuttgart 22, Augsburg 6, Bremen 75, Rome 225, Geneva 86; and in general these totals are everywhere decreasing, despite the steady increase in the size of the cities themselves. When you are told that prostitution is registered in Europe you may reply that nowhere is more than an unimportant fraction registered, and that the bulk of it is everywhere handled without regulation, even in communities in which regulation is said to exist.

The Character Varies.

"A word by way of explaining why this is and must be so. Contrary to common belief, prostitution is usually a transient status. There are indeed a number of women who may be termed professionals and practically permanent prostitutes, women who lead a life of prostitution as long as they can secure patronage enough to earn a livelihood. But this body of professional and irreclaimable prostitutes is by no means the larger part of the prostitute army that exists at a given moment in any European city. The rest, the majority indeed, are women who are not permanently or professionally engaged in prostitution, but who practice prostitution for a while or intermittently, touching the edge of the morass, but not sinking into it. Not infrequently they are mere children—girls from fourteen to seventeen years of age. Again they are working girls, now temporarily demoralized, again supplementing their irregular or insufficient wages by earnings derived from immoral conduct. Inscription must there-

fore be limited to women who practice prostitution as their sole means of livelihood. If, however, the child prostitute and the incidental prostitute are not enrolled, regulation is bound to fail by reason of the fact that it is applicable to only a small part of the prostitute army. When, therefore, the registration of prostitutes is recommended to American cities, I suggest that the question be asked who is to be registered, and I suspect that the argument will not get much further.

Registration Only Partial.

"As a matter of fact, the case is rather worse than even the foregoing statement suggests. Let us admit that children cannot be registered, that incidental and occasional prostitutes must not be registered. A substantial number of professional prostitutes remain; why not do what can be done for order and sanitation by controlling these? It is a specious argument; but on close examination without cogency. The most powerful and autocratic police forces of Europe have yet shown themselves incapable of cataloging the professional prostitutes of their respective cities. A small number of helpless and stupid prostitutes can be apprehended, can be listed, can by arbitrary jail and work-house sentences be compelled to comply more or less with the police regulations, but only a small number. The majority—the majority, I mean, not of all prostitutes, but of avowedly professional prostitutes—cannot be registered. They are too cunning to be trapped; they elude the vigilance of honest policemen; they corrupt the dishonest; they disappear here and reappear there. From time to time, the police of Paris, Berlin, Hamburg, Vienna and Budapest have made vigorous efforts to corral the unregistered professional prostitutes. Failure has always resulted. The lists melt as fast as they are increased, and the general tendency is downwards. By vigorous efforts 1,574 women were newly enrolled in Paris in 1901; 80 dropped out the same year. In Berlin, Vienna, Stockholm and elsewhere the number of disappearances and the number of new enrollments keep close together. Nor does disappearance mean that the women leave town; they simply hide or change their abodes. Regulation, therefore, nowhere succeeds even in permanently registering a substantial number of those women who practice prostitution as their sole means of livelihood.

Effect on Public Order.

"What is the effect of regulation on public order? Does regulation assist or does it interfere with the preservation of quiet and decency? Consider for one moment.

Regulation recognizes prostitution as a legitimate, even if deplorable, means of gaining a livelihood. The woman who has registered with the police is thenceforth authorized to practice prostitution. She has, indeed, no other way of gaining subsistence for the law stamps her a professional prostitute. To this end she must find customers. Where shall she find them? Obviously on the streets, in cafes, theaters and other resorts. Regulation begins by conferring upon the prostitute the right to procure and to solicit business. Street walking and soliciting in the streets and elsewhere are therefore universal in regulated towns. These practices are objectionable because they offend against public decency; because, by making professional prostitution more profitable, they make it more alluring; because, by increasing the amount of business transacted by the prostitute, they increase the amount of disease she spreads. Any policy that concedes to prostitution prominence is mischievous because the volume of the traffic is thereby increased; and the damage done increases in the same ratio as the volume of the traffic. Regulation necessarily concedes prominence to prostitution, for the law cannot enroll a woman and then deny her all opportunity to prosecute the business which it has just authorized. So far from assisting public order and decency, regulation is absolutely inconsistent with order and decency.

Demoralization of the Police.

"Assuredly the demoralization of the police is not the least of the objections to regulation. For regulation by conceding to registered prostitutes certain privileges denied in theory to non-registered prostitutes requires that the police deal in one way with one set of prostitutes and in another way with another set of prostitutes. The result is that a situation is created in which the police are subjected to serious and not infrequently fatal temptation. It is true that the street conditions in European cities have improved in recent years, but regulation can have had nothing to do with it; for street conditions have improved while regulation has been dying out, and street conditions are best in cities like Amsterdam where regulation has been entirely suppressed.

No Segregation Abroad.

"There is a common notion that regulation involves the toleration and segregation of disorderly houses, and you have all doubtless heard regulation advocated for American cities on the ground that in Europe prostitution is confined to disorderly houses which are set off to one side so as not to offend decent people. This is an-

other myth. The so-called tolerated house is not an essential part of the regulatory policy. Many cities have suppressed houses of prostitution even though they continue the attempt to regulate prostitution. The tolerated house does not exist in Berlin or Munich. More than this, houses of prostitution have practically died out even in most cities where there is no objection to them on the part of the authorities. I have said that at this date it is calculated there are 50,000 prostitutes of all kinds in Paris. Only 387 live in the forty-seven houses of prostitution that still exist in the French metropolis.

"Still another myth is widely credited in this country. We have all heard arguments based on alleged European experience in favor of segregating prostitution. The proposition is highly plausible. Prostitution exists on a large scale; it cannot be summarily stamped out of existence; its proximity to decent people is demoralizing and offensive. Let us therefore suffer it to betake itself quietly to some remote section of the town where it can neither demoralize the weak nor offend the fastidious. This, we are assured, is the way they do in Europe.

"It is significant that segregation in this sense is a word that cannot be translated into German or French or—so I am told—into any other European tongue. There is no such thing as segregation of prostitution in Europe; there is no such thing as segregation of even that small fraction of prostitution which is regulated by the police. The forty-seven houses of prostitution in Paris, the six in Vienna, the thirteen in Budapest, the ten in Frankfort, the ninety-eight in Cologne, the seventeen in Geneva, the twenty-two in Rome, the thirty in Stockholm are scattered in various parts of the city. The Hamburg houses occupy more than eight different streets in widely separated sections of the town. The Dresden houses are found on thirty-two different streets. Moreover, in all these cities registered prostitutes live in other streets as well. The situation then is this: The bulk of prostitution even in regulated cities is not regulated at all, it lives where and as it pleases. The minority may be regulated but only a small portion of this minority lives in houses and these houses are scattered. As far as Europe is concerned, segregation is a term which attempts to describe what has no existence whatsoever. I may go further. In the course of an inquiry that included all the great cities of Europe from Glasgow to Budapest and from Rome to Christiana, *I did not meet a single police official who favored the concentration of even registered prostitutes in a single*

neighborhood. Not only is such concentration or segregation impracticable; it is highly undesirable. Prostitution like crime is most dangerous and most offensive when it collects in nests. The segregation of prostitution, even if feasible, would be objectionable precisely as the segregation of criminals would be objectionable.

"So much on the score of public order, in reference to which we may fairly say that regulation is useless or worse, and that on the ground that it is useless or worse, it is being rapidly discarded throughout the Continent.

The Sanitary Point of View.

"Let us turn now to the sanitary side of regulation. The registered prostitute is medically inspected at intervals in the interest of her own health and that of her patrons. I will not discuss this point from the standpoint of morals; I will not even urge that by making itself responsible for the safety or supposed safety of promiscuous intercourse the state incidentally incites to it. I prefer to meet regulation on its own ground. Medical inspection is said to minimize disease; it is said to be the common-sensible way to deal with a problem that cannot be got rid of; it makes the best of a bad bargain. Well, does it?

"What are the facts? Medical inspection of prostitutes has been practiced on the Continent off and on for perhaps a century. The largest venereal clinics in the world are found in the regulated cities—in Paris, in Berlin and Vienna. Students of medicine who desire to find a wealth of venereal diseases repair, and have for years repaired, to cities in which for years prostitutes have been medically inspected in order that venereal disease might be diminished. It would appear therefore that medical inspection has not been potent enough to affect the total volume of venereal disease. Such statistics as are available amply confirm this statement.

Medical Inspection a Failure.

"There are several reasons why medical inspection is bound to be futile. In the first place, too few women are examined; for, if as I have said, the police never apprehend more than an unimportant fraction, medical inspection never reaches at all the bulk of those diseased. In the next place, medical inspection does not continuously protect even the registered women. The woman pronounced diseased is forcibly confined to a prison hospital. Now, the prostitute resents imprisonment, even in her own hygienic interests. She learns quite early the signs of infection; discovering herself infected she does one of two things—covers them up, a trick at which she is

expert, or, as the phrase is, 'disappears'—does not report for medical examination, meanwhile plying her trade in secret.

Again, the facilities provided at police headquarters and elsewhere for the purpose of medical inspection are absolutely inadequate. In Paris, Rome, Geneva and Hamburg they are so bad that there is not the least doubt that medical inspection spreads more disease than it discovers. Conditions are better in Berlin, Dresden, Budapest and Stockholm. But the diseases with which inspection deals laugh to scorn the feeble instruments which medical inspection employs. Syphilis is usually contracted early in the prostitute's career, often before she is old enough to be registered; it runs its course so capriciously that prolonged confinement in a hospital would have to be required, but no city has the requisite hospital facilities or can afford the expense. Syphilitic prostitutes, therefore, either escape detection or if detected are released before they are non-infectious. In the case of gonorrhea, the situation is even worse, for the prostitute well-nigh invariably suffers from chronic gonorrhea which is practically incurable. No professional prostitute is or can be made safe on this score. Medical inspection is therefore a farce. There are physicians in Europe who believe that some form of medical inspection might be helpful; but none of rank who contend that it has ever yet been. When, therefore medical inspection is urged on the ground that in Europe it is employed to reduce disease, you may confidently reply that regulation in Europe has most completely collapsed at precisely that point.

Results of Repression.

"Regulation, tolerated houses, segregation, and medical examination cannot be advocated in America on the ground that they have succeeded or that they are even widely used in Europe. They are not widely used. Some of them are not used at all and none of them has succeeded anywhere. The alternative policy is, as I have said, called *abolition*. Abolition involves simply a refusal to recognize prostitution as a legitimate means of earning a livelihood. It does not mean that prostitution is ignored. There is not an abolition city in Europe that ignores prostitution. Prostitution is not ignored in abolition England, abolition Holland, abolition Switzerland, abolition Denmark or abolition Norway. It is in one way or another combatted in all these countries, and consistently combatted because the law makes no exception of one prostitute at the expense of another. I cannot here discuss the abolition policy at length. I may briefly, however, summarize the situa-

tion regarding it.

The disorderly house is non-existent in abolition countries. Clandestine brothels exist, it is true, but they lead an uneasy, transient and unprofitable life. Street conditions vary with the vigor and purpose of the local police. In Amsterdam, for example, the street walker is unknown. In London she is prominent, though less so than in former years. Elsewhere she is more or less prominent according to the trend of public opinion.

"Abolition, therefore does not mean that venereal disease is to be allowed to rage rampant. It is on the contrary consistent with a determined and vigorous effort in the direction of hygiene and medication.

Can Social Vice Be Suppressed?

"I may fairly be asked to state in conclusion whether European experience points to any conclusion, valid for Europe, and perhaps to some extent for us. Perhaps the most significant expression I can utter is this: prostitution is a modifiable phenomenon. We will not at this moment theorize about suppressing it entirely. But, according as society prefers, there may be more or less of it. Nothing is more readily susceptible of artificial stimulation than prostitution and the recourse of men to prostitutes. For example, men can be led to believe immorality necessary and wholesome. Time was when European medical men favored this view and practice conformed without opposition to this demoralizing theory. Now, for the most part, they take precisely the opposite view. They regard masculine continence as feasible and wholesome; sexual irregularity is in consequence less generally condoned and is probably beginning to diminish.

"But there are more direct and obvious ways in which the volume of prostitution and the intensity of its operation can be affected for better or worse. The liquor traffic left to itself tends to utilize prostitution to increase its profits; the pimp directly increases the number of prostitutes and their activity, and the increased activity of one prostitute has the same effect as an increase in the number of prostitutes. And there are other ways in which the demand and supply, reacting on each other, can both be whipped up. Now, European administrators are practically of one mind in holding that every community can do something to check exploitation and artificial stimulation. How much can be done depends on public sentiment, on the vigor of the municipal administrators, on the wording of the laws, on the tone and intelligence of the courts. Given a public sentiment that is determined to check the artificial manipu-

lation of prostitution for the profit of third parties, so determined that good laws are passed and able administrators and judges put in office, and there is no question that the amount of prostitution can be perceptibly reduced and the amount of damage perceptibly curtailed.

A Residual Problem.

"Of course, even after crude artificial manipulation has abridged prostitution, a residual phenomenon, large and serious, will remain. I have no desire to minimize the problem which will then still confront us. There will be a large number of men with uncontrolled appetite; there will be a large number of women ready to gratify it on some terms or other. At no stage, indeed, is prostitution simply a matter of the existence and activity of dissolute women; for prostitution, like slavery, involves two parties and in the last analysis no measures will tell that do not apply equally to both parties involved, to the man as well as to the woman. When the situation has been stripped of sheer exploitation, we are face to face with the individual man seeking gratification and the individual woman willing to sell it. What is to be done about them? As far as direct action is concerned, this question must be deferred until the suppression of exploitation has been accomplished—a humanly feasible even if difficult undertaking. But indirect action need not meanwhile be neglected. Whatever makes for social betterment is helpful; whatever makes for absolute equality between the sexes, whatever leads women to demand of men the same code of honor, decency and self-respect that men demand of women, is a contribution toward the solution of the residual problem that the suppression of commercialized and exploited vice still leaves on our hands."

In closing, I give a very striking and strongly put article from Ella Wheeler Wilcox, which shows so clearly the brutal inequality of some of our laws on this Hydra-headed monster, Prostitution:

A REVERY IN THE STATION HOUSE.

Last night I walked along the city street
And smiled at men; they saw the ancient sin
In my young eyes, and one said, "Come With me."
I went with him, believing my poor purse
Would fatten with his gold. He brought me here
And turned the key upon me. In an hour
I shall be called before the judge and fined.
Because I have solicited. How strange
And inexplicable a thing is law—
How curious its whys and why-nots! I
Was young and innocent of evil thought
A few brief years ago. My brother's friend,
A social favorite to whom all doors
Were open (and a church communicant),

Sought me, soliciting my faith and trust,
And brushed the dew of virtue from my lips;
Then left me to my solitary thoughts.
Death and misfortune entered on the scene;
I was thrown out to battle with the world,
And hide the anguish of a maid deflowered.

I left my first employer because
He, too, solicited those favors that
No contract mentions, but which seem to be
Expected duties by unwritten law
In many business-houses. Soon I learned
That virtue, is, indeed, its own reward
And often finds no other. My poor wage
For honest labor and a decent life
Scarce kept me fed and sheltered. Everywhere
In office, boarding-house, and in church aisles
I met the eyes of men soliciting.
They supplemented pleading looks by words,
And laughed at all my scruples. Finally,
The one compelling lover had his way,
And when he wearied of me I began
The dreary treadmill of the city streets,
Soliciting whoever crossed my path
To take my favors and give me gold.
Somehow, I cannot seem to understand
Why there is law to punish me for that,
And none to punish any of the men
Who have pursued me with soliciting
Right from the threshold of my childhood's home
To this grim station-house.

My case is called?

Well, lead the way and I will follow you.

"On account of the extraordinary action of Tongaline on the liver, the bowels, the kidneys and the pores, I have found it a really wonderful medicine, because it expels so rapidly and thoroughly the poisons and germs which are the cause of rheumatism, grippe, lumbago, etc."

The Best Evacuant.

The greatest care should be used in prescribing an evacuant to guard against the tendency of many cathartics to cause a binding after effect. Pil Cascara Comp.—Robins stimulates a flow of secretions thus encouraging a normal physiological evacuation; normalizing peristaltic action instead of inhibiting it as so many evacuants and cathartics do.

They contain no Strychnia to poison no Belladonna to dry the secretions or abnormally dilate the pupils—nothing to injure your patients.

They are suited to all conditions, requiring more or less alimentary stimulation. No unpleasant symptoms develop from continued use.

A trial the most convincing argument.

On request, A. H. Robins Co., Richmond, Va., will cheerfully send you liberal samples.

Charlotte Medical Journal

Published Monthly.

EDWARD C. REGISTER, M. D., EDITOR

CHARLOTTE, N. C.

NEW JERSEY COURT REFUSES TO ISSUE INJUNCTION PROHIBIT- ING THE LOCATION OF TU- BERCULOSIS HOSPITAL BE- CAUSE OF ALLEGED DE- PRECIATION OF ADJA- CENT VALUES.

Action was recently brought in the New Jersey Court against Atlantic County (Atlantic City the principal city therein) to prevent the county locating a tuberculosis hospital within the city limits. The State Board of Health had approved the site, but the plaintiffs alleged the hospital would be a menace to the health of the city and that it would depreciate other land values in the community. The New Jersey Chancery Court after an extended hearing decided that "the evidence submitted does not justify a conclusion that any danger to health exists as can be reasonably apprehended from the operation of the proposed hospital for the care of cases of pulmonary tuberculosis, provided it be properly operated. In this view the only possible ground for relief is the claim that the establishment of the hospital is operative to materially reduce the market value of adjacent real estate. That claim standing alone, can not justify the relief sought herein."

This court decision, along with others being handed down from time to time, should be given due publicity as tending to restrain to a degree much of the phthisis craze with which the well-meant but possibly over-zeal of some sanitarians have infected the community in general with as regards the communicable dangers to others, of patients affected with tuberculosis. "A little learning is a dangerous thing," is no where more aptly illustrated than in the modern concept by layman and some medical men, of the dangers incident to contact with an intelligent and honest consumptive.

J. H. W.

PAY CLINICS.

At a session of the New York County Medical Society on March 27, without discussion, or dissenting vote, the society expressed itself as opposed to the inauguration of pay clinics. The resolu-

tions were understood to be aimed at a local institution which was reported on the eve of opening a pay clinic, and the terms and purposes of the clinic were quoted.

It is of more than passing interest to note that while this is perhaps the first institution in a metropolitan city to embark on an enterprise of this sort, yet private advices indicate that a number of prominent institutions have been most seriously considering the conditions which brought about the pay clinic proposition and are contemplating possibly similar action, to include all branches of medicine and surgery, and to be self-supporting.

Such clinics would be in no sense charity institutions, but would fill a manifest gap in professional organization for the care of diseased folk. There are a very large and growing number of persons with limited incomes who cannot afford to pay the customary fees of office specialists, but who feel that in going to a free clinic they are assuming the role of objects of charity, and this attitude their pride resents. The pay clinic, applying the co-operative principle, will be able to render the middle class self-respecting and self-supporting people of a metropolitan community, first-class medical service at reasonable expense.

The wide and evergrowing spread of specialism, with the consequent development of experts in limited fields of pathologic and therapeutic endeavor, has been a perfectly logical and highly proper result of the widening of the scope of modern medical and surgical knowledge, but it renders the obtaining of a correct diagnosis and treatment of many cases of disease a matter involving the exercise of a greater degree of knowledge and expenditure of more time than the majority of individual practitioners possess. The profession of the smaller cities are more and more recognizing this pertinent fact, evidenced in a practical way by the growing tendency for physician's offices together, thus affording the patients of either physician the opportunity of having, if need be, the helpful aid of others working on other lines. In a number of the North Carolina towns, notably Asheville, Charlotte, Raleigh, and others, this principle is being successfully carried out to the satisfaction of both doctor and patient, and the custom will tend to become more in vogue. "Team work," as it is termed, in medicine is just as practical and useful as in other phases of human activity, and an intelligent profession living the practical life of the twentieth century will more and more appreciate this opportunity of better service.

In the larger cities of the nation, the pay clinic proposition is an idea that has unquestionably come to stay. At present the wealthy denizens of the modern metropolis can command the ready services of the highest priced experts; the other social extreme also secures, at the multitude of free dispensaries and charity clinics with which every modern city abounds even too numerous, the expert service of the very highest grade specialists who gladly and freely give their superior skill in lavish degree to the elymosenary institution wherever it may be; but the large intermediate class are left to receive very often more or less inefficient professional service. To such individuals the service offered by the pay clinics will be a boon, and once established one can readily see, at least in the larger centers, the institution will prove a real beneficence to many.

The resolutions of the New York County Medical Society decrying the pay clinics are, it may be said, in thoughtful line with our past cherished professional traditions, but is it not likely the very gentlemen so unanimously voting them, will, many of them at least, see the pay clinic brought to their doors and realize it was an advanced progressive, but intensely practical conception that will aid humanity and actually better the financial conditions of the medical profession. A very short memory indeed recalls a similar stand taken with great unanimity and maintained with an equal degree of almost, we might say, stubbornness, by the organized medical profession of Great Britain in its persistent opposition to the great humanitarian scheme of Lloyd-George; in large part alleging its practical effect if put in operation would pauperize the masses of the British medical profession. How different the result has been to the average English practitioner of medicine, every report bearing testimony to the fact of a largely increased average medical income to the very doctors the measure was expected to reduce to penury!

The pay clinics, once established at first, in the metropolitan centers, will be extended to smaller communities, and will require the services of a large number of qualified physicians, who will in large part be drawn from the very men who now attend on free clinics while the men who now treat singlehanded all sorts of disease, will also be called upon to take their part in the work, and ultimately, with more persons paying, the sum total received by the profession will exceed present receipts.

It will be argued, the whole move is in the direction of state treatment of disease, and a move away from individualism. So it may be, but who is there among us that may stem the tide of modern practical intelligent thought which constantly seeks and finds the best way to appropriate for humanity's greatest helping all available scientific advance.

J. H. W.

ETHICS AND PROPRIETARY MEDICINES.

Dr. Fred M. Hanes, formerly of Winston, N. C., now a resident of Richmond, Va., and a member of the faculty of the Medical College of Virginia, in a very instructive address, given under the auspices of the medical college faculty, in the John Marshall High School of Richmond, discussed with clearness and precision the current views of the profession as regards medical ethics and the promiscuous use and abuse of proprietary medicines.

While granting that the medical profession, like other professions, contains numbers of thoroughly incompetent physicians, Dr. Hanes denied that the orthodox physician "seizes upon some small grain of truth and seeks to build around it a tissue of falsehood and fakery." Whatever there is of incompetency in the profession, he said, is due largely to the fact that America has been, and still is, infested with small and wholly inefficient medical colleges. "The number," he said, "is happily being reduced. Medical education is rapidly improving, and it is my conviction that through this means alone can salvation be brought to medical practice.

"There is a very prevalent belief among the public at large that medicine is capable of being divided into cults or schools of practice, each of which has a method of treating diseases unknown to the others. Let me tell you that medical science, in its proper and true sense, is not to be divided into sects and cults.

"The well-educated physician has at his disposal every known method of influencing disease, and he gladly uses any means by which his patient will be benefited."

In waiting for the day when the small college shall have disappeared, and the physician will have still better opportunity of receiving efficient training than he now has, Dr. Hanes believes the public has a duty to perform, in this day, in the proper selection of doctors.

"Take the trouble," he said, "to inquire

into the qualifications of the man to whom you intrust the lives of those you love. See to it that he has had the opportunities of proper medical training, and that he possesses the confidence of his fellow-physicians. The possession of a medical degree is no guarantee of medical wisdom."

CONSTIPATION.

Perhaps there is nothing among the ills of the flesh which causes more discomfort, and is a prolific cause of self-poisoning than constipation. The sluggishness, lassitude, headaches, dizziness, and backaches, are largely the results of putrefaction of intestinal contents. Auto-intoxication is a menace to life itself. The human body is the laboratory of poisons, physiologically. The poisons are eliminated by the skin, liver, kidneys and intestines. If its functions are not actively and normally performed, toxins are retained which set up disease. If disease does not result, the effect of intoxication is an impairment of health at least. How important it is, therefore, that everyone should see to it that the secretions and excretions should be normally active.

F.

Concerning Cathartics.

To the layman, a cathartic is simply a cathartic, and nothing more. One thing is as good as another, as long as it "moves the bowels." To the physicians there is a vast difference between "moving the bowels," and inducing normal bowel action.

For years Strychnine was the stock ingredient of cathartics, for the purpose of stimulating the muscle to peristalsis. But nowadays we realize that Strychnine more often inhibits peristalsis by overstimulation, and that the best stimulant of intestinal muscles is the intestinal secretions.

Pil. Cascara Comp. Robins contains no Strychnine to force the musculature, nor Belladonna to inhibit the secretions. On the contrary it stimulates the flow of secretions and normalizes peristalsis. It is, in fact, a normal Cathartic.

The Bowels Are Secretory Organs.

It is the failure of the secretory function of the bowel, together with a poor bile secretion, which, in nine cases out of ten, is responsible for constipation.

Most cathartics altogether overlook this factor and address themselves solely to a stimulation of the musculature. Some even inhibit intestinal secretion.

The result is a rapid, unsatisfactory bowel movement, followed by paralytic reaction.

Pil. Cascara Comp. Robins is a rational therapeutic formula, which promotes a natural flow of secretions, which is, in turn, the physiologic stimulant of peristalsis. Thus a normal evacuation is produced, without subsequent inhibition.

Formula of Pil Cascara Comp. Robins-Mild.

Cascara	1-2 gr.
Podophyllin	1-16 gr.
Colocynth	1-4 gr.
Hyoscyamus	1-12 gr.

Dose 1 to 3.

Pil Cascara Comp. Robins-Strong is 4 times strength of the Mild.

ad-12-16

Pollen Extracts in Hay Fever.

A illuminating pamphlet on Pollen Extracts and their adaptability to the prophylaxis and treatment of hay fever comes from the press of Parke, Davis & Co.

"As regards the symptom complex known as hay fever," says the booklet by way of introduction, "there is no doubt in the minds of the majority of authorities at the present time that it emanates from the pollens of the flowers of various grasses, shrubs and trees. Elliotson, in the early part of this century, was the first to suggest the relation of the pollens of grasses to hay-fever, but it was left for Blackley and later Dunbar and his pupils to definitely prove in a scientific manner this relationship.

"At present the pollen diseases are defined as a group of vasomotor disturbances, of seasonal periodicity, depending upon individual hypersensitiveness to the pollens of certain plants, and characterized by exudative catarrhal inflammation of the nasal, tracheo-bronchial, and conjunctival mucous membranes. In America two varieties of hay-fever are recognized—the spring variety, due to the Compositae, especially the rag-weeds. * * *

"It has also been established by Freeman, Goodals and others, as a result of much experimental and clinical work, that individuals who are susceptible to the proteid of one pollen are sensitive to proteids of other pollens of the same family, and that protection can be produced in the majority of patients by immunization with the extracts of the pollen of the most frequently encountered representative members of that family. Hence, Ragweed Pollen Extract will pro-

fect against members of the family of Compositae, and Timothy Pollen Extract will protect against members of the family of Gramineae. These two extracts, therefore, will be found suitable for prophylaxis and treatment for the large majority of cases of hay-fever encountered in America."

In addition to the two extracts mentioned in the foregoing, announcement is made of a third product, Pollen Extract Combined. The three varieties are briefly described as follows:

"1. Timothy Pollen Extract, for the estimation, prophylaxis and treatment of the spring or vernal variety of hay-fever.

"2. Ragweed Pollen Extract, for the estimation, prophylaxis and treatment of the autumnal variety of hay-fever.

"3. Pollen Extract Combined, which may be used in either vernal or autumnal hay fever, but is especially indicated in cases which begin early and last long, showing susceptibility to the early and late pollens."

The prophylactic and therapeutic use of the extracts is, of course, fully covered in the pamphlet, which also contains excerpts from articles by various well-known authorities—Ulrich of Minnesota, Freeman of London, Lowdermilk of Kansas, Koessler of Rush Medical College (Chicago), Cooke of New York City, and others. It is not extravagance to say that the booklet, which bears the title "Pollen Extracts," is a valuable contribution to our current literature on the subject of hay fever. A copy of it may be obtained on request from Parke, Davis & Co., Detroit.

Acidemia is at the bottom of many ailments which baffle the doctor, and is so prevalent nowadays that it behooves every physician to be on the lookout for it. All treatment may fail of success if this underlying condition be overlooked or ignored. But good, even brilliant results are often obtained when it is recognized and dealt with. The key to the situation is Sodoxylin. It neutralizes acidity; checks fermentation; promotes elimination. The acidimeter and indicanometer afford a simple and trustworthy guide to the detection of these symptoms and to the administration of Sodoxylin. Send for an interesting booklet on Acidemia, to the Abbott Laboratories, Ravenswood, Chicago.

"Spring Tonics."

In the good old days it was thought that winter left everyone run down and in urgent need of a tonic, and the in-

genuity of the doctor as well as housewife was drawn upon to provide a tonic that would be potent as well as palatable. But today the skill of the manufacturing chemist has made it possible to employ that best of tonics, cod liver oil, in the spring, summer and whatever other seasons the patient may demand it. In the form of Cord. Ext. 01. Morrhuæ Comp. (Hagge), the profession has at its command a palatable cod liver oil preparation that introduces into the system the every nutritive quality of the crude oil.

Medical Gynecology.

The general practitioners who are called upon to treat Dysmenorrhea and Menorrhagia, will find in Hayden's Viburnum Compound a remedy of established worth.

In Obstetrical conditions, this product has proven through clinical experience, of particular service. In Rigid Os, Puerperal Convulsions, Post Partum or After-Pains, Threatened Abortion or Mis-Carriage and Nervous Diseases of Pregnancy, its antispasmodic and calmative action will prove most available.

Prescribe teaspoonful doses to be administered in hot water and be sure that the genuine Hayden's Viburnum Compound, and not a substitute is given your patient.

The Liver in Autotoxic Ills.

The liver, as the largest gland in the body and the one that is called upon to do the most work, is to a certain extent both the "clearing house" and the "depository" of the body's nutritional reserve. It is easy to understand, therefore, how even a slight disturbance of its functions, may be followed by serious consequences throughout the whole organism.

Realizing this, it is little wonder that the trained clinician is so keen and prompt to take steps to prevent the continuation of hepatic derangements. Undoubtedly it is zeal in this direction that has led so many physicians to prize Chionia, for they have found it a remedy that can be relied upon not only to restore and maintain hepatic activity, but happily without exciting excessive or objectionable bowel movement. The exceptional therapeutic efficiency of Chionia therefore, in all functional disorders of the liver has made it one of the most valuable and practically useful remedies at the command of the practitioner who realizes the paramount importance of assuring hepatic activity, especially in ill's of an auto-toxic character.

Editorial News Items.

The Biographical Sketch of Dr. K. P. Battle, Jr., with his photograph appears in this issue of the Journal. To publish this sketch gives us a feeling of pride. We felt mortified that it appeared in a defective form in our last issue by mistake among the original communications.

Dr. J. Gordon Rennie, one of the leading physicians of Petersburg, Va. died on March 30th at a hospital in New York City where he had been under treatment for only a few days. Dr. Rennie was forty years of age, a native of Richmond and had been practicing medicine in Petersburg for the past sixteen years. He was a member of the Petersburg Medical Society and was at one time president of the organization. He was also a member of his State Medical Society and had held several prominent positions in that organization. His death is a loss to his community and to the medical profession of Virginia.

According to Dr. W. S. Rankin, Secretary of the State Board of Health, this State has the highest birth rate of any state or country in the world. Holland with its birth rate of thirty-one is not excepted. The death rate of this State is lower than that of any other of the original thirteen states, slightly lower than Virginia and considerably lower than South Carolina.

The Lexington County Medical Society of South Carolina held its regular quarterly meeting at the Leesville Hospital on April 3rd. The paper that created the most interest was the one by Dr. L. D. Morgan, of Orangeburg entitled, "Tuberculosis and Its Treatment. One feature of the meeting was the two surgical operations performed at the Leesville Hospital.

Dr. G. Paul LaRoque, of Richmond, Va., was on April 19th married to Miss Eva Murdock, of Highland Park, Richmond, Va. Dr. LaRoque was originally from Kinston, N. C. Early in his professional life he moved to Richmond where he has acquired a large and lucrative practice. He is regarded as a skilled surgeon and socially he is a fine type of a young medical gentleman. In medical society circles Dr. LaRoque stands very high. He is a prominent and active member of his County Medical Society,

State Medical Society and the Tri-State Medical Society. He is also a member of the American Medical Association. Dr. LaRoque has contributed many valuable articles to this Journal and the Journal extends its congratulations to the Doctor and his bride.

The April issue of the Texas Medical Journal was a "woman's issue," all the original articles having been prepared by women physicians. It was indeed a very interesting and valuable edition of the "Red Back." Mrs. Daniel, since the death of her distinguished husband, is making a great success of her editorial work and is keeping the Journal well up to its former high standard among medical periodicals of the country.

The Spartanburg Medical Society. The members of the Spartanburg Medical Society in regular session in Spartanburg on March 31st enthusiastically and unanimously supported the resolution offered by Dr. H. R. Black in behalf of establishing in Spartanburg at the earliest possible time a general hospital to serve the constantly growing and immediate needs of the city and county for an institution of this nature. The interest and determination of the members of the medical society in pushing the proposition is taken to indicate that the general hospital matter will be constantly before the public until something definite is assured. Dr. J. L. Jefferies, Dr. W. W. Boyd, Dr. Lesesne Smith, Dr. Martin Crook, Dr. W. H. Chapman and others delivered strong speeches in support of the general hospital each of whom pointed out the necessity of the undertaking. A committee of three members of the society was immediately appointed to begin the first efforts to bring the matter into shape leading to the establishment of the hospital. Principally at first this committee will "feel the pulse" of the city and county and arrive at some conclusion as to how the money shall be raised for the undertaking—whether by city and county support or by the support of individual subscriptions.

The Aiken County Medical Society of South Carolina met at the office and home of Dr. A. A. Walden in North Augusta. Several of the physicians and surgeons from Augusta were in attendance. Dr. Wilcox, of Augusta, read a most scientific and exhaustive lecture on cancer. After adjournment those present were dined by Dr. Walden.

The Drowning of Dr. E. G. Supplee, of Hopewell, Va., was a very distressing accident. The physician and his wife while rowing down the James River in a small boat were drowned on April 8th. Dr. Supplee was a prominent physician, was connected with the Du Pont Hospital at City Point. He graduated from the George Washington Medical College in the class of 1914 and had been actively engaged in the practice of medicine at City Point and Hopewell for the last two years. He was twenty-four years old and on December 26 married Miss Florence Gore of Washington, D. C. Dr. Supplee was a beautiful type of a young professional gentleman and the tragedy that cost him his life is a circumstance which means a loss to the medical profession of Virginia.

Dr. S. W. Stephenson, of Mooresville, N. C., died April 15th. Dr. Stephenson was seventy-two years old and one of the most prominent physicians of this section of the State. For forty years he practiced medicine at Mooresville. In 1875 when Mooresville was a village of only three dwellings he formed a partnership with Dr. J. H. McLelland and they practiced together agreeably until Dr. McLelland's death only a few years ago. Dr. Stephenson graduated from the old Washington Medical College, Baltimore, in 1873. He represented his county for two terms in the State Legislature, 1901 and 1903. He held this office acceptably.

Dr. Andrew Capers Doggett, of Fredericksburg, Va., died on April 15th. Dr. Doggett was sixty-four years old. He was born in Fredericksburg on September 18, 1852. He was a graduate of the University of Virginia in 1875 and later he took a post-graduate course at the Bellevue Hospital, New York. He established a large practice in Fredericksburg forty years ago where he has since resided. Dr. Doggett stood high in the medical profession and his loss will be greatly felt. He was an active member of his county and state medical society.

The Greenwood County Medical Society, of South Carolina, held its regular monthly meeting in Greenwood on the 4th of April. The meeting was considered especially interesting because Dr. R. Pratt Henderson read a paper dealing with four diseases which are transmitted to man from animals. It was considered a very valuable paper. Dr. R. B. Epting read a paper on "Drugs" in which he made a plea to return to some of the

older drugs which are all but discarded by the profession. Dr. Epting is certainly very capable of giving medical advice. I know of no one whose opinion I respect more than his.

Dr. E. L. Flannagan has been employed as whole-time health officer for Greensville County, Va. He will assume the duties of this office May 15th. He is an experienced sanitarian and it is expected that he will do very valuable work.

The Military Surgeon appears in very greatly enlarged form and improved appearance with the April issue. It will hereafter be issued practically as a magazine de luxe, and no effort or expense will be spared to bring it to perfection. With the expansion of the military and naval forces and the general interest in greater preparedness for defense, the Military Surgeon proposes hereafter to appear in a form more worthy of the importance of its special field of usefulness and of the dignity of the strong Association which it represents.

Dr. Fay S. Sinclair who has been practicing medicine in York County, Virginia, for five years has decided to locate in Newport News. The Doctor recently took a special course in X-ray work in New York City and it is understood that he will take up that special work in Newport News.

Dr. W. F. Creasy, of Newport News, Va., has been appointed physician for the State School for Deaf and Blind. Dr. Creasy graduated from the University of Maryland in 1890, secured his license to practice medicine in 1891 and joined the State Medical Society in 1897. He is a good man and we predict for him good service in his new field.

Dr. A. Cheatham, of Durham, N. C., at the recent meeting of the Health Officers' Association, which was held in Durham on April 17th, was elected president. The selection of Dr. Cheatham to be at the head of this Organization for the next year was certainly a wise one. He is an energetic, intelligent and useful health official. In this line of work he has made good.

Dr. E. L. Morgan, Canton, N. C., has accepted a position as Assistant Surgeon Dupont Hospital, City Point, Va., and removed to that place.

Dr. W. E. Lowe, of New York City, who was recently elected to the position of director of public health of Spartanburg, S. C., arrived in that city on April 21st and at once assumed control of the city's health department. Dr. Lowe was accompanied by Dr. Thomas W. Jackson, former director of public health of the city, who will assist Dr. Lowe in familiarizing himself with the health department. Dr. Lowe has for several years been connected with the Rockefeller Institute of New York.

Dr. Robert C. Bryan, of Richmond, Va., has been elected professor of genito-urinary surgery in the Medical College of Virginia to take the place of Dr. Lewis C. Boshier who resigned recently that position. Dr. F. M. Hanes, professor of pharmacology and therapeutics, also resigned and will shortly take up professional work in his home town of Winston-Salem, N. C.

Dr. T. M. Dunn, Albemarle County, Va., died on April 3rd at his home in Free Union. Dr. Dunn was graduated from the Medical College of Virginia, 1853. During his active professional life he had the respect and confidence of everyone who knew him. He represented his district in the General Assembly of Virginia for many terms. His life socially, religiously and professionally was a beautiful one.

Little Damage to The Abbot Laboratories.—A small fire with explosion of gases occurred April 21st on the top floor of one of the buildings of The Abbott Laboratories. Newspaper reports of the extent and character of this accident were grossly exaggerated. The damage was very small, consisting mainly of broken window panes and cracking of temporary partitions. The plant and machinery were injured but slightly, and the entire force went to work the next morning as usual. The Abbott Laboratories have issued a statement positively denying the newspaper reports that this firm is or has been engaged in the manufacture of ammunition or explosives.

The Augusta County Medical Association of Virginia held one of the most interesting meetings in the history of this Association in Staunton on April 29th. Two noted specialists were present and addressed the Association. Dr. J. C. Bloodgood, of Johns Hopkins University lectured on Cancer. The paper was illus-

trated by magic lantern slides. Dr. S. H. Watts, of the University Hospital, of Charlottesville, read a paper on Blood Transfusion. Both papers were well received and were of great value. The well known X-Ray expert, Dr. Gray, of Richmond, read a paper on the relations of the X-Ray to malignant growths. After the reading of these three valuable papers they were fully discussed by the other physicians. A number of physicians from Lexington, Harrisonburg, Waynesboro, and other nearby towns in addition to the entire membership of the Association were present. At eight in the evening a buffet luncheon was tendered the visiting doctors by the Augusta County Medical Association. It was a very important meeting and one the physicians and surgeons of that section of Virginia feel proud of.

Dr. C. A. Teague who has been a practicing physician at Granitville, S. C., for about twenty-five years died in a Columbia hospital on April 25th after an operation. Dr. Teague was fifty-two years old. He graduated at the old New York Medical University in 1890.

Dr. J. Merceir Green, health officer of Charleston, S. C., has announced that the rule recently passed by the board of health requiring all places handling fruits or vegetables to be thoroughly screened has gone into effect. Frequently it is difficult for health officials to carry out the rulings of this kind.

Mrs. A. C. Taylor, wife of the Episcopal Rector of Mount Airy, has been appointed health officer of that city. Mrs. Taylor, we understand, is earnestly and vigorously prosecuting the task which she has been assigned. We mention this because we have no precedent for such an appointment.

State Hospital for Insane.—The annual session of the board of directors of the State Hospital for Insane at Morganton, N. C., was held April 16 at the hospital. The reports of Supt. John McCampbell showed inmates on April 1, 1916, to the number of 676 men and 908 women, the total number of inmates of the institution being 1,584. Building plans for the erection of a new woman's building to accommodate 100 patients were approved and the structure will be built immediately.

Orthopœdic Hospital.—A mass meeting of Charlotte, N. C., citizens in confer-

ence with Gastonia, N. C., was held in the former city April 10th looking to the arousing of added interest in the erection and equipping of a State orthopaedic hospital which has been agitated by Gastonia citizens for some time past.

Dr. F. D. Smythe, Memphis, Tenn., has moved his office to Suite 707 -716 Central Bank Building.

Proposed Tuberculosis Sanitarium—Mrs. D. B. Safford, Hot Springs, N. C., has donated to the Southern Sociologic Congress 700 acres of land near Asheville, N. C., for the purpose of providing a location for a great sanitarium for the treatment of tuberculosis. She also presents \$20,000.00 in cash as a nucleus to start a fund sufficient to construct proper buildings and secure equipment for such an institution. It is stated the Congress will seek to raise \$100,000.00 during the ensuing year, as well as endeavor to secure the erection of buildings by different States and by private individuals of different States of the South in order to create at this point a tuberculosis sanitarium of national proportions and second to none in equipment and service.

The North Carolina State Board of Health recently visited the Tuberculosis Sanitarium at Sanitarium, N. C., and accepted the new building into which patients have also been recently placed. The structure is of brick and concrete, fire-proof, and is fully up to date in the many details that go to make a first-class modern tuberculosis institution. The large sunny rooms open alike by wide doors into wide corridors and outside verandas. Through either door, beds may be readily rolled, thus enabling even bed cases to be carried to the outside. Between each room and its fellow is a large bathroom with complete equipment including a shower bath. In the many details going to make up a first-class sanitarium building the new building appears to be complete, and establishes a pattern for future additions to the institution which will inevitably have to be made from time to time. The patients appeared to be a contented and happy lot, and the active superintendent, deeply interested in his work.

The Sixty-Third Annual Meeting of the Medical Society of the State of North Carolina was held in Durham, N. C., on Tuesday, Wednesday and Thursday, April 18-19-20. The meeting was called to order by Dr. J. M. Manning, of Dur-

ham. He called on Rev. E. R. Leyburn to open the Society with prayer, and then in a very happy style and in appropriate words introduced the Mayor of Durham, Mr. B. S. Skinner, who made a very appropriate and beautiful address of welcome. The response to the address of welcome was delivered by Dr. Oscar McMullen, of Elizabeth City. Everyone who knows Dr. McMullen and his accomplished oratory expected a beautiful speech and we were certainly not disappointed. His address was thoroughly appropriate and on several occasions while delivering it he was enthusiastically applauded,—giving evidence of appreciation.

Dr. Manning then introduced the president, Dr. M. H. Fletcher, of Asheville, who delivered his annual presidential address. Dr. Fletcher has a style of his own when making a speech or reading a paper. The members of the Society were not disappointed in his address. He made, as it occurs to the writer, several very timely suggestions which a thoughtful member of the Society ought to notice. One was that the State Board of Health and the State Health Officers' Association were getting so large and so important until it begins to look as if the State Medical Society were a kind of attachment of these strong, useful, and rapidly growing organizations. I believe I interpret Dr. Fletcher's idea correctly when I say that it is his idea to have the State Health Officers' Association to meet either after the State Medical Society or at a separate place and at a different time from that of the North Carolina Medical Society. By the time a large per cent. of the members of the State Society attend a day's meeting of the Health Officers' Association and then three days of the State Medical Society it begins to get a little tiresome and the writer has noticed that since this Health Officers' Association has become so prominent and is of so much interest and importance to the people of the State and is so largely attended that it practically does away with the third day of the State Medical Society. Of course for the State Board of Health to meet on Wednesday noon as it has been doing for a number of years may not be amiss. At the same time, as I have suggested, and as Dr. Fletcher intimated, it would be well enough to arrange for the Health Officers' Association to meet at a different time and place from that of the North Carolina Medical Society.

After the president's address the Committee on Arrangements made its report.

It mentioned the time and place for the different meetings and also announced that several entertainments had been arranged.

The program as has been already published in *The Journal* with only a few changes was practically carried out. The authors of papers were usually present and responded promptly. The writer was especially impressed with the high grade of papers presented. They were excellent. Possibly it would not be amiss to say that the general personnel of the medical profession of North Carolina has improved at least thirty-three per cent. in the last twenty-five years. A man usually as he grows older has an inclination to depreciate rather than appreciate men, things and policies. However in this case as we grow older and more capable of discrimination we become more and more appreciative of the great improvements in the personnel of the members of the North Carolina Medical Society. They exhibit evidences of culture, refinement and education. A higher standard of preliminary qualifications for medical students and a more thorough technical medical training has brought all this about.

Dr. MacNider, of Chapel Hill, on Tuesday morning read a paper that deserves some special consideration. The title was "The Interpretation of Structure." It was well received. He does not only write well but usually has valuable thoughts in his manuscripts.

Dr. R. M. Reid—We do not remember now whether Dr. R. M. Reid, of Gastonia, read his paper entitled, "The Insatiable Thirst of the Medical Profession of Today for Human Gore" or not. He read it, however, privately to the editor of this *Journal*. It is unquestionably one of the most interesting papers that I have ever heard read. I hope that I will have the pleasure of publishing it subsequently in *The Journal*.

Dr. H. F. Long—The editor would certainly feel remiss if he should overlook calling attention to the most excellent paper by Dr. H. F. Long, of Statesville, entitled, "Dysmenorrhoea." Dr. Long has the appearance of one who speaks with authority and he is an authority on surgical performances and is not at a loss at any time or any place to discuss surgical procedures with as much ease and with as much accuracy as any surgeon in this country.

Dr. E. B. Glenn, of Asheville, it was declared, read a paper of very great value and one that everyone who has the opportunity to do so should read and study carefully.

Dr. W. J. Mayo—It was certainly a great medical event in the history of the Medical Society of North Carolina when Dr. Wm. J. Mayo, of Rochester, Minn., read a paper entitled, "Some Indications for the Removal of the Spleen" at the Academy of Music. Dr. Mayo is not only one of the greatest surgeons in the world but he is a master in thought and expression. Dr. Mayo was at his best and the writer has never heard a paper read on any subject or on any occasion that was more closely listened to than this paper by Dr. Mayo. It was enthusiastically received. It was a very wise and happy thought on the part of the invitation committee of the Association to procure Dr. Mayo to deliver a speech at the Durham meeting. We never could account for it but Durham has not been a very popular meeting place for our Society, or I ought to say that the meetings we have held there were never as largely attended as they are in Charlotte, Greensboro, Raleigh and places of that kind. This meeting, however, possibly partly on account of Dr. Mayo, was very largely attended. A glimpse at the registration on the evening of the second day showed over four hundred and fifty were registered.

Dr. S. E. Thompson—The writer has a feeling of regret that he did not hear all of the address of another very distinguished visitor in Durham, Dr. S. E. Thompson, Carlsbad, Texas. His subject was "Common Sense and the Fever Thermometer Versus the Stethoscope and the Microscope in the Early Diagnosis of Pulmonary Tuberculosis." We imagine from the comments we heard that his paper was a masterpiece and beautifully and appropriately presented. It was a refined, cultured, and scientific address. It would be difficult for our Medical Society to invite two more distinguished men to address the Association than these two great professional gentlemen.

At noon on Wednesday, following the usual custom, there was a conjoint session of our State Medical Society and the State Board of Health of North Carolina. The meeting was promptly called to order by Dr. J. Howell Way, of Waynesville, the popular and efficient president

of the Board of Health. Dr. W. S. Rankin, the Secretary, delivered a very interesting report. Dr. C. A. Shore, Director State Laboratory of Hygiene, read a report full of interest and value. It was appropriate in every way and well received. Dr. J. R. Gordon, Chief Bureau Vital Statistics, made a report full of very great value. Dr. L. B. McBrayer, Superintendent State Sanatorium, in his very happy style and non-debatable logic, read his report. It was full of good suggestions.

On Wednesday morning the section on Eye, Ear, Nose and Throat held its annual meeting in the Court House. Papers were read by the following gentlemen and all of them were discussed fully: Dr. J. H. Tucker, Charlotte; Dr. E. R. Russell, Asheville; Dr. J. M. Lilly, Fayetteville; Dr. H. W. Carter, Washington; Dr. S. E. Koonce, Wilmington; Dr. C. W. Banner, Greensboro; and Dr. T. W. Davis, Winston-Salem. We understand that the members or this section of our Society were much pleased with the work and enthusiasm that is noticed at each annual meeting in this section. They ought to feel very proud that over twenty specialists on the Eye, Ear, Nose and Throat attended this section.

The North Carolina Health Officers' Association held its sixth annual meeting in Durham on April 17th. The meeting was opened with prayer by Rev. Costen J. Harrell, Pastor of Mangum Street M. E. Church. The address of welcome was delivered by Dr. J. M. Manning and the response by Dr. B. W. Page, Health Officer of Robeson County, Lumberton, N. C. Then the President of this Association, Dr. D. E. Sevier, Health Officer of Buncombe County, Asheville, was introduced. The regular order of business was taken up and many valuable papers on health affairs were read. It was generally admitted that this meeting held on Monday afternoon and evening was one of the best in the history of the Association. Ten papers were read, all of which were instructive, interesting and valuable. They were well discussed.

The State Medical Society before adjourning selected Asheville as the next meeting place, the meeting to be held there on the third Tuesday in April, 1917. The following officers of the society were elected:

President—Dr. Chas. O. H. Laughinghouse, of Greenville.

1st Vice-President—Dr. D. J. Hill, of

Lexington.

2nd Vice-President—Dr. J. L. Spruill, of Columbia.

3rd Vice-President—Dr. J. H. Shuford, of Hickory.

Board of Councilors—Dr. H. Ward, of Plymouth; Dr. P. B. Bonner, of Morehead City; Dr. Ernest S. Bullock, of Wilmington; Dr. M. M. Saliba, of Wilson; Dr. Benj. Hackney, of Bynum; Dr. A. C. Campbell, of Raleigh; Dr. J. E. S. Davidson, of Charlotte; Dr. J. W. King, of Elkin; Dr. M. R. Adams, of Statesville; Dr. C. V. Reynolds, of Asheville.

Delegates to the American Medical Association—Dr. J. W. Long, of Greensboro; Dr. W. L. Dunn, of Asheboro.

Alternates—Dr. D. T. Tayloe, of Washington; Dr. D. A. Staunton, of High Point.

Delegates to the Virginia Medical Society—Dr. J. W. McGehee, of Reidsville; Dr. C. S. Lawrence, of Winston-Salem; Dr. L. J. Picot, of Littleton.

Delegates to the South Carolina Medical Society—Dr. F. A. Harris, of Henderson; Dr. A. B. Croom, of Maxton; Dr. M. H. Biggs, of Rutherfordton.

Dr. Chas. O'H. Laughinghouse, President—No better choice for the president of the Association could have been made than Dr. Laughinghouse. He is a physician of prominence and of great value not only to his section of the State but to North Carolina as a whole. His work as a member of the State Board of Health is conspicuously valuable. He was at one time president of the Board of Medical Examiners of this State. It was during this term of office that his administrative ability, his wise judgment and decisions were so much appreciated. Dr. Laughinghouse was licensed to practice medicine in this State in 1893. He graduated in medicine at the University of Pennsylvania in 1893 and joined the State Society in 1894. He has been regularly and uninterruptedly engaged in the practice of medicine and surgery in his town, Greenville, for twenty-three years. His strong and attractive personality reminds one of his distinguished grandfather, Dr. Chas. O'Hagan, who possibly was the most conspicuous medical gentleman that North Carolina has ever produced.

I would feel negligent or remiss if I were to fail to mention the circumstance that brought our distinguished friends to the meeting. I have in mind particularly Drs. J. Allison Hodges, Southgate Leigh and R. L. Payne. Dr. Payne is an ex-

president of the North Carolina Medical Society. Dr. Leigh is an ex-president of the Virginia Medical Society and also of the Tri-State Medical Association of the Carolinas and Virginia. Dr. Hodges is a native of Fayetteville, N. C., is president-elect of the Tri-State Medical Association and proprietor of the Hygeia Hospital in Richmond.

Colonel Wade H. Harris—Possibly one of the most interesting and valuable papers read at our meeting in Durham was the one entitled, "The Newspaper and Public Health," by Col. Wade H. Harris, Editor of The Charlotte Observer, Charlotte, N. C. It was a masterful presentation of the subject and was enthusiastically received. The article will appear in the Transactions of the Medical Society of the State of North Carolina, and we hope to have the pleasure of publishing it in The Charlotte Medical Journal.

While in Durham the Society was on several occasions beautifully entertained. On Tuesday evening at 10 o'clock the Durham-Orange Medical Society at the Malbourne Hotel gave a smoker complimentary to the visiting physicians. It was a very enjoyable occasion.

On Wednesday afternoon the members of the Society were driven in automobiles to the Watts Hospital. While there they were served with refreshments.

On Wednesday evening after Colonel Harris read his excellent address in Craven Memorial Hall at Trinity College a reception was tendered the members by the President and Faculty of Trinity College in the Executive Building. This reception was largely attended and much appreciated.

The success of the meeting was dependent mainly, of course, on our efficient secretary, Dr. B. K. Hays, of Oxford. He was very energetic and successful. The program was not only full but very intelligently arranged. Under his wise management, with his enthusiasm and intelligence, we feel confident that during his term of office the Society will reach a membership of sixteen hundred. It would be a good investment for the Society to pay him a salary that would justify him to give this work one-half his time. We again congratulate the Society on its selection of Dr. Hays as secretary.

A worthy brother physician now nearly 80 years old is in distressed financial condition through some recent misfortunes over which he had no control. Having had an attack of la grippe in the winter and losing both horses, he wishes to replace them but has no money to buy others. He has always been a sober successful and highly respected physician, but has never been able to make "more than a living" as he has always been a poor collector. He has often aided others in distress, among them several doctors, and now that the scowl of misfortune has overtaken him, while he regrets very much indeed to ask help, yet will accept, under the circumstances, contributions from his brother physicians, enough to buy other horses, so he can continue to make a living. Send it to this Journal, and it will be forwarded to him at once.

BOOK NOTICES.

Practical Medicine Series. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Under the general editorial charge of Charles L. Mix, A. M., M. D., Professor of Physical Diagnosis in the Northwestern University Medical School. Volume 1. General Medicine. Edited by Frank Billings, M. S., M.D., Head of the Medical Department and Dean of the Faculty of Rush Medical College, Chicago. Series, 1916. Chicago: The Year Book Publishers, 327 S. LaSalle Street. Price \$1.50.

While this series is published primarily for the general practitioner, at the same time the arrangement in several volumes enables those interested in particular subjects to buy only the volumes they wish.

This is a particularly valuable volume on account of its fine illustrations. These are exceptionally good, especially those showing the foot and mouth disease. Every physician should become more and more familiar with this disease which has attracted so much attention in the medical world for the last few years.

Twenty-two pages have been devoted to pneumonia and the reviewer is especially pleased with this chapter. It was written by Drs. Kline and Winternitz. The book contains 388 pages. The style of the binding and architecture generally resemble the other numbers which are always beautiful.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics, Materia Medica and Diagnosis in the Jefferson Medical College, Philadelphia. Assisted by Leighton F. Appleman, M.D., Instructor in Therapeutics, Jefferson Medical College, Philadelphia. Volume I, March 1, 1916. Philadelphia and New York: Lea and Febiger. Price \$6.00 per year.

The table of contents for this issue is as follows:

Surgery of the Head and Neck. Charles H. Frazier, M. D.

Surgery of the Thorax, Excluding Diseases of the Breast. George P. Muller M. D.

Infectious Diseases, Including Acute Rheumatism, Croupous Pneumonia, and Influenza. John Rurah, M. D.

Diseases of Children. Floyd M. Crandall, M. D.

Rhinology and Laryngology. George B. Wood.

Otology. Truman L. Saunders, M. D.

Diet for Children. A Complete System of Nursery Diet with Numerous Recipes; Also many menus for Young and Older School Children. A Home and School Guide for Mothers, Teachers, Nurses, and Physicians. By Louise E. Hogan (Mrs. John L. Hogan), Author of "How to Feed Children," "A Study of a Child," "The Introduction of Domestic Science in the Schools of New York City," etc. Indianapolis: The Bobbs-Merrill Company, Publishers. Price seventy-five cents.

Mrs. Hogan has devoted many years to child study, and has written much on the subject. She is recognized as an authority. In this book she covers the question of diet; tells what foods to give children and at what times; discusses pure food and its value; furnishes a profusion of receipts and menus, recognizing throughout that each child is a law unto itself.

Indeed, common sense marks it all through in substance and in form, and it is of practical interest and ready value to mothers, nurses, welfare-workers and all who are concerned with the care of children.

Venereal Diseases. A Manual for Students and Practitioners. By James R. Hayden, M. D., F. A. C. S., Professor

of Urology at the College of Physicians and Surgeons, Columbia University, New York; Visiting Genito-Urinary Surgeon to Bellevue Hospital; Consulting Genito-Urinary Surgeon to St. Joseph's Hospital, Yonkers, New York. 12 mo., 365 pages, with 133 illustrations. Cloth, \$2.50 net. Lea & Febiger, Publishers, Philadelphia and New York, 1916.

The fact that Hayden's work on venereal diseases has passed through three revisions since it first appeared is in itself sufficient evidence of its popularity and merit. The new fourth edition will undoubtedly maintain the reputation of its predecessors. It has been carefully revised and considerably enlarged. The subject matter has been brought fully up-to-date and the addition of numerous illustrations, for the most part showing the author's own cases and methods of treatment has greatly enhanced the value and interest of the work.

Dr. Hayden covers the subject of venereal diseases in a very clear and concise manner. Of the thirty-six chapters in this book he devotes eighteen to the discussion of Syphilis in all its phases, giving explicit directions both as to diagnosis and treatment. Nine chapters are given to the discussion of Gonorrhea and nine to other forms of venereal diseases. This allotment of space is in proportion to the importance and significance of the subject matter.

The general practitioner will find in Hayden adequate guidance for the care and treatment of any form of venereal infection which he may meet in practice; the student of medicine will find in this book a clear and precise presentation of accepted facts and proven practice; the specialist will find it valuable as a manual for ready reference.

Masterpieces of Painting. Their Qualities and Meanings. An Introductory Study. By Louise Rogers Jewett. Professor of Art in Mount Holyoke College. Boston: Richard G. Badger. Toronto: The Copp Clark Company, Limited.

Every page of "Masterpieces of Painting" reveals that the writer was herself an artist, trained to a keen appreciation of beauties of color, light and design. Seen with her eyes, Titian's "Entombment," Rembrandt's "Philosopher in Meditation," Velasquez's "Maid of Honor" take new meaning and vividness. The appreciation of aesthetic qualities is combined with scholarly criticism. The great masters considered are shown in

relation to the age in which they lived, and a synthetic view is given of the characteristics and ideals of these centuries. The little book can not fail to prove stimulating to readers already familiar with works of art, and invaluable, in its clear and simple analysis of the problems of painting and its wealth of suggestion, to the reader who comes to great paintings for the first time.

It certainly gives me pleasure to recommend the book.

Diagnostic Methods. A Guide for History Taking, Making of Routine Physical Examinations and the Usual Laboratory Tests Necessary for Students in Clinical Pathology, Hospital Internes, and Practicing Physicians. By Herbert Thomas Brooks, A. B., M. D., Professor of Pathology, University of Tennessee, College of Medicine Memphis, Tennessee. Third Edition. Revised and Rewritten. St. Louis: C. V. Mosby Company. 1916. Price \$1.00.

This, the third edition of this book is full of valuable suggestions and methods concerning diagnosis. Regardless of primary technical training along diagnostic lines, it is well enough occasionally for one to be rehearsed along these lines and I know of no book that is better for this purpose than the one before us now.

Candy Medication. By Bernard Fantus, M. D., Professor of Pharmacology and Therapeutics, College of Medicine, University of Illinois, Chicago. St. Louis, C. V. Mosby Company, 1915. Price 1.00.

This is an interesting little volume. It is the only book on the subject in any language. Candy Medication has given such delightful results in practice among children that the author believes it should be more widely known and used. A formulary to serve as the common meeting ground for the prescribing physician and the dispensing pharmacist seems absolutely necessary to make this form of medication more generally available; and it is mainly to supply this formulary that this little book has been published.

Researches conducted by the author in the Pharmacology Laboratory of the University of Illinois during the past five years, as well as the experience gained by the use of this form of medication in private practice, form the basis of this publication.

To give the best results, the sweet tablets described in this formulary should be freshly prepared on physician's order;

thereby securing efficiency and palatability to the highest degree, and enabling the physician to prescribe the dose and combination needed for the particular case in hand. To bring these tablets into the category of extemporaneous preparations, the author has elaborated the process of "fat covering" which makes the preparation of these tablets no more difficult than the making of pills or of suppositories.

While the book is small, containing only 82 pages, it is full of useful reading and the reviewer feels that he wishes he had the time to read it through.

Materia Medica and Therapeutics. Including Pharmacy, Dispensing Pharmacology and Administration of Drugs. By Rahaldas Ghosh, L.M.S., Cal. University, Lecturer on Materia Medica, Calcutta Medical School. Edited by B. H. Deare, Lieut-Colonel, Indian Medical Service. With the Assistance of Birendra Nath Ghosh, F.R.F.P.S. (Glas.) Lecturer on Pharmacology, College of Physicians and Surgeons of Bengal. Sixth Edition. Calcutta: Hilton and Company. 1915.

The issue of a new edition of the British Pharmacopoeia has necessitated the bringing out of another edition of Dr. Ghosh's treatise. The opportunity has been taken, after mature consideration, to relinquish the alphabetical arrangement of the drugs, and to classify them according to their pharmacological and therapeutic uses. This was done in the hope that while retaining, on the one hand, its reputation as a reliable book of reference for medical practitioners, it would prove, on the other, of more value

It is at least a decade since a monograph to students of Materia Medica and Therapeutics. The non-official preparations, many of them little used, and of unknown value, which took up so much space in previous editions have been freely deleted; but at the same time all of known value and use have been retained. The text has not only been carefully revised, but all new pharmacological work has been incorporated.

The book contains 698 pages and is very thoroughly indexed. It is gotten up in the usual English architectural style. It is a handsome volume and will be of great value to any English speaking practitioner who is interested in Materia Medica and Therapeutics.

Studies in Ethics for Nurses. By Charlotte A. Aikens, Formerly Superintendent of Columbia Hospital, Pittsburgh, and of the Iowa Methodist Hospital, Des Moines; formerly Director of Sibley Memorial Hospital, Washington, D. C. Philadelphia and London. W. B. Saunders Company, 1916. Price \$1.75.

The training of a nurse includes two distinct parts: first the technical instruction and experience required in the practical care of the sick and the prevention of disease; and second, the training in conduct, in ideals of personal living. The question of personal living, the ideals of character and service which a nurse holds will greatly influence her practical work every day of her nursing career.

The ethical training of a nurse is almost as important as the technical part of it. This gives the nurse proper rules and principles of guidance in the moral principles of her relationship to the patient and to the physician and the attendants in the home.

There are a great many practical things suggested in this book that every nurse should be familiar with. For instance, if a physician is discharged from a case should the nurse dismiss herself also? What information a nurse should give the patient and what information she should give to the public in the absence of the doctor are points that are brought out in the book. What her costume should be in a hotel, on the street, or at any public gathering is an idea that is considered. Advice to a patient as to a consultant, her advice or opinion as to who is the best physician or surgeon, and other similar points are brought out which make it very necessary for a nurse to be familiar with it and also the practitioner or surgeon who has consultations with other physicians.

The book contains 320 pages. The binding is attractive and appropriate. Saunders Company is noted for its fine work along this line and it is well enough in connection with this review to say that when Saunders Company publishes a book and names the price, it is the best endorsement that a book can receive.

Treatise on Medical Practice. Based on the Principles and Therapeutic Applications of the Physical Modes and Methods of Treatment. (Non-Medical Therapy). With explanatory notes concerning the nature and technique of the different physical agents and methods employed. By Otto

Juettner, A. M., Sc. M., Ph. D., M. D. Author of "Modern Physio-therapy," "Physical Therapeutic Methods," etc. A. L. Chatterton Company, New York. Price \$5.00.

This book is dedicated to the memory of Dr. Juettner's mother as a token of love and veneration. Ten years ago Dr. Juettner published a book entitled, "Modern Physio-therapy" which contained practically the subject matter of his lectures on physical therapeutics. In 1910 he brought out a second book on the same subject under the title of "Physical Therapeutic Methods." These two books have been well received by the profession as shown by the numerous editions through which they have passed.

This book is intended as a guide for those physicians who are interested in the use of physical methods in the cure of disease. Physical therapy admits of no serious differences of therapeutic opinion among the great physicians of the world. Electrical treatments, hydrotherapy treatments and mechanical treatments of various kinds have been admitted into our profession as means for the cure of diseases.

This volume is interesting throughout. It contains 525 pages and is appropriately indexed and bound. The price is \$5.00 and anyone who is interested in this kind of medical literature could not do better than to purchase it.

The Endemic Diseases of the Southern States. By William H. Deaderick, M. D., and Loyd Thompson M. D., of Hot Springs, Arkansas. Octavo volume of 546 pages with 117 illustrations. Philadelphia and London: W. B. Saunders Company, 1916. Cloth \$5.00 net; Half Morocco \$6.50 net.

The inception of this book was due to the fact that there was no book in existence dealing solely with the endemic diseases of the Southern States.

It must not be inferred that the diseases considered are confined to the states of the South. On the other hand most of them are disseminated throughout the United States and some of them are found in most of the states of the Union. It is true, however, that these diseases are more prevalent in the Southern States. Dr. Deaderick did not deem it advisable to treat all of the diseases that are especially prone to visit our confines at longer or at shorter intervals as the list of such diseases is long and such a work would necessarily be one on tropical diseases in general to which this book makes no pretensions.

Dr. Deaderick concluded that it would be more practical to consider intensively only the endemic diseases of our Southland rather than to devote brief space to each of a large number of tropical diseases the most important of which will soon be of historic interest only.

The reviewer has looked over no book for some time that is more interesting than this. It has one hundred and twenty-seven illustrations and no one who is familiar with my notion about the construction of a book these days will be surprised at the value that I place upon a book as well illustrated as this. I have a library of 8,000 volumes and this book I believe is as valuable as any that I have. It certainly gives me pleasure to recommend it.

The Barbizon Painters. Being the Story of the Men of Thirty. By Arthur Hoerber. Associate of the National Academy of Design. With eighty-seven illustrations after paintings, mainly from American collections. New York: Frederick A. Stokes Company. MCMXV. Price \$1.75.

Barbizon, an obscure little hamlet on the border of the Forest of Fontainebleau, was the home and inspiration of the wonderful development of landscape painting that marked the early part of the nineteenth century. Millet, Rousseau, Diaz, Dupre, Daubigny, Corot, Troyon, Charles Jacques, are household words wherever pictures are talked about, yet, save in one instance, never before have they been seriously considered in one volume.

It is from the painter's point of view that Mr. Hoerber, himself an artist of distinction, has written of these delightfully artistic souls, their intimacies, their struggles, their accomplishments and their present place in art. As one who has gone through similar struggles, has worked along the same lines and made like experiments, the author is particularly fitted to analyze the influences, the environment that spurred or retarded them, and the personality of touch, color and technique that has placed their work among the masters.

I think this is the most beautifully illustrated work of the kind I have ever reviewed. It has almost a hundred reproductions in sepia representing the best and most characteristic work of the Barbizon school. The book is full of interest from beginning to end. It is appropriately indexed and the volume is a very handsome one. The Stokes Com-

pany is always particular about getting out attractive looking volumes and they have not failed in this one.

Young Hilda at the Wars. By Arthur H. Gleason. Author of "The Spirit of Christmas," "Love, Home and the Inner Life," etc. New York: Frederick A. Stokes Company, Publishers. Price \$1.00.

Hilda goes to the war from Iowa, with a spirit in her that wins her appointment over hundreds of volunteers to the little dressing-station at the fighting line. In the flood of desolation beyond all stemming, the field ambulance corps, always where it has no business to be, works steadily at patching up what men it can.

Hilda is a gallant figure of an American girl in the war. With her chauffeur Smith, a nonchalant Cockney lad of reckless bravery, she goes where the fighting is most deadly and ruin and disease blackest, lighting the darkness a little with her humor and charm.

This is a true story. Mr. Gleason has worked since September with the Monro ambulance, which has been under heavier fire than any other ambulance in the war. He has seen these things, and he tells them with the power and feeling that always make whatever he has to say go straight to the hearts of his readers.

The American Country Girl. By Martha Foote Crow. Author of "Elizabeth Barrett Browning," "Harriet Stowe," etc. With fifteen illustrations from photographs. New York: Frederick A. Stokes Company, Publishers. Price \$1.50.

This book sets forth the advantages of country life when rightly lived and attempts to solve some of the problems of the young woman on the farm. In a practical, helpful manner, Mrs. Crow points out ways and means to make her life happy, useful and efficient. Among the subjects taken up are; ways to earn money, recreations, household furnishing and management, the daughter's share of the work, taste in dress and manners, how to get help and information from the Government, Canning Clubs, the rural Y. W. C. A. and other organizations for girls, etc.

Probably no one is better fitted to understand and advise girls than Mrs. Crow. Although distinguished as an author and lecturer, it is to the training and education of young women that she has devoted nearly thirty years of her life. Formerly Dean of Women at the Northwestern University and a member of the Wellesley and University of

Chicago faculties, her teaching experiences in many states, in East and West, have brought her into close contact with country girls.

From her own experience and work of the Cornell University study of country life problems, in which she assisted, Mrs. Crow has written a practical yet inspirational book which no intelligent country girl, or those interested in her, can afford to miss.

The Lord of Misrule and Other Poems.

By Alfred Noyes. With frontispiece in colours by Spencer Baird Nichols. New York: Frederick A. Stokes Company. Publishers. Price \$1.60.

The same qualities that distinguish Mr. Noyes' earlier work are evident in this new volume. It contains all his lyric poetry since *Collected Poems* in 1913. The title poem treats in the author's best lyric style of an old English May Day Custom. Among other poems in the volume are "The Phi Beta Kappa Poem," (Harvard, 1915), "The Searchlights," "A Salute from the Fleet," "The Trumpet Call."

The Brown Mouse. By Herbert Quick.

Author of "Aladdin & Company," "The Broken Lance," "On Board the Good Ship Earth," etc. With illustrations by John A. Coughlin. Indianapolis: The Bobbs-Merrill Company, Publishers. Price \$1.25.

It is primarily a refreshing love story. The back-to-the-land theme, however, is written large in its pages. It is a brilliant presentation of a Country School Problem.

Mr. Quick believes that the largest single problem in American life is rural education, because it has to do with the efficiency of that third of our people who feed the other two-thirds. He tells here the story of a Lincoln-like farm-hand, a genius in blue jeans, who upsets an Iowa district and in the end the whole country with a new kind of rural school.

The Practitioner's Medical Dictionary.

By George M. Gould, A. M., M. D., Author of "An Illustrated Dictionary of Medicine, Biology, and Allied Sciences," "The Student's Medical Dictionary," "Pocket Medical Dictionary," Etc. Third Edition—Revised and Enlarged. By R. J. E. Scott, M. A., B. C. L., M. D., Fellow of the New York Academy of Medicine, Editor of Hughes' "Practice of Medicine," Gould and Pyle's "Cyclopedia of Medicine and Surgery," Etc. Based on Recent

Medical Literature. With Many Tables. Philadelphia: P. Blakiston's Son & Company. 1012 Walnut Street. Price \$2.75.

The object in view in publishing this new edition of "Gould's Practitioner's Medical Dictionary" was to provide a modern dictionary for physicians and medical students that should be up-to-date; contain all the words that are needed; be issued in a form convenient to handle and to be published at a low price.

With this aim before them the publishers realized that such a revision could only be made by resetting the type throughout, thus eliminating all that was old and giving the editor absolute freedom to include the new. The editor and publisher have kept in mind the following features:

The inclusion of all the Current Words and Terms.

All Pronounced and Defined on the Gould System.

Accuracy and Reliability.

Definitions Concise and Clear.

The Words of Allied Sciences so far as seemed necessary.

We find that the ends the authors and publishers had in view have been accomplished. The book is certainly a worthy successor to the several editions of Gould's Medical Dictionaries. It is wonderful to think of the fact that nearly 400,000 copies of this Dictionary have been sold.

The book contains 70,000 terms, 962 pages, has a flexible cloth binding and round corners.

Piano Mastery. Talks with Master Pianists and Teachers and an Account of a Von Bulow Class, Hints on Interpretation, by Two American Teachers (Dr. William Mason and William H. Sherwood) and a Summary by the Author. By Harriette Brower, Author of "The Art of the Pianist." With Sixteen Portraits. New York: Frederick A. Stokes Company, Publishers. Price \$1.50.

In this book Paderewski, Von Bulow, Bauer and twenty-eight others of the world's most famous pianists and teachers tell how they obtained piano mastery and of what it consists. In a series of interviews each describes his own methods of playing and teaching and explains the importance of technique, proper position of the hands and arms, methods of memorizing, interpretation, etc.

Miss Brower, herself a musician,

teacher and writer of ability, was especially qualified to draw practical information from these distinguished artists. In each case she has given a most entertaining personal glimpse and drawn out the artist on some subject in which he was especially interested.

The volume is illustrated by sixteen portraits in sepia.

Gridiron Nights. Humorous and Satirical Views of Politics and Statesmen as Presented by the Famous Dining Club. By Arthur Wallace Dunn. With one hundred and twenty-five illustrations. New York: Frederick A. Stokes Company, Publishers. Price \$5.00.

This volume is the story of the origin and development of the Gridiron Club—the most famous dining organization in the world—with historical happenings and full accounts of its interesting entertainments.

The humorous side of American national politics. This The Club has made its very own to play with when it dines. Great men and events have figured in thirty years of Gridiron history and have furnished material for fun-making by the brightest minds and most careful observers in the National Capital.

In this volume—almost a political history of the last thirty years as reflected in the burlesques and cartoons of The Gridiron Club—one may see the world's notables with their masks off and the glamour of high position dimmed; here see the human side of makers of history; here behold their foibles and fancies brought to the surface by Gridiron actors and speakers. An amusing volume and a significant one.

Medical Clinics of Chicago. March, 1916. Volume 1—Number 5. Published Bimonthly by W. B. Saunders Company. Philadelphia and London. Price per year \$8.00.

The contributors to this volume are Dr. Isaac A. Abt, Dr. James T. Case, Dr. Ralph C. Hamill, Dr. Charles L. Mix, Dr. Robert B. Preble, Dr. Frederick Tice, and Dr. Charles Spencer Williamson.

The Life of Henry Laurens, with a Sketch of the Life of Lieutenant-Colonel John Laurens. By David Duncan Wallace. Putnam's Sons, New York and London, 1915. Price \$3.50.

In this book we are given a sketch of one of the diplomatists of the revolutionary period in American history, who

was also an eminent South Carolinian. Laurens' own writings, of which he left a considerable mass, have until the present time remained generally unknown even among historical students. In this volume Dr. Wallace has utilized them to good purpose. The book is equipped with a bibliography and index.

Dr. Wallace dedicates the book to his Mother, to whom chiefly he owes his interest in historical studies. It is impossible to give the book the review that it deserves in this journal. I hope, however, that the few things that I have said about it will give someone an idea of its value. I have a regret that I can not read it through now.

Belgium Neutral and Loyal. The War of 1914. By Emile Wasweiler, Director of the Solway Institute of Sociology at Brussels, Member of the Royal Academy of Belgium. G. P. Putnam's Sons, New York and London, 1915. Price \$1.25.

This work, written by an eminent Belgian sociologist, was originally published simultaneously in French at Lausanne, and in German at Zurich. The book made a deep impression in Germany, where the leading socialist paper, *Vorwärts*, advised all German socialists to read it, and it has been highly approved by the leading Swiss papers, German as well as French. It is an authoritative statement of Belgium's defensive case against the accusations brought by Germany.

In order to clarify opinion and to correct wrong judgment, the author has not deemed it superfluous to weigh in the balance all the imputations that have been made against Belgium, even to the inclusion of those that do violence to common sense.

The volume contains 325 pages, is appropriately indexed and beautifully bound. The reviewer has a feeling of regret that he has not the time to read every word of it.

Colours of War. By Robert Crozier Long. New York: Charles Scribner's Sons, 1915. Price \$1.50.

This book is a novel and remarkable contribution to the literature of the great conflict, not only because it covers a field too little known but because it is made up of appealingly human experiences and impressions rather than great movements—though its large conclusions as to final results are thought-provoking and even startling. Since it deals chiefly with Russia and its armies, it is full of

knowledge as new to most readers as the story of the western front is familiar.

Mr. Long is one of the best informed of living journalists with regard to Russian affairs, which have been his special and intimate study for many years. Engaged for years in correspondence in Russia for the most important papers of England and America, married there to the daughter of an important Russian official, author of more than one book which has attracted wide attention, and a contributor on Russian affairs to the "Fortnightly" and other reviews—he set out at once on the declaration of war from Berlin where he was temporarily stationed for the "Westminster Gazette," and since that time has been in every field of action of the Russian armies.

Prudence of the Parsonage. By Ethel Hueston. With illustrations by Arthur William Brown. Indianapolis: The Bobbs-Merrill Company, Publishers. Price \$1.25.

In this book laughter and tears lie close together. There is always something going on because the twins just could not stay still long.

Little Women bids fair to have a rival in "Prudence of the Parsonage" which is brimming with the fun and frolic of healthy, hearty girlhood. A delicate wild-rose love story tempers the madcap merriment. It is a clean, sweet, wholesome and entertaining piece of fiction.

French Memories of Eighteenth-Century America. By Charles H. Sherrill. Illustrated. New York: Charles Scribner's Sons. 1915. Price \$2.00.

American social customs of Revolutionary days as described by observant French visitors. Many highly interesting facts, all derived from writings of the period, are preserved in this attractive volume.

Mr. Sherrill has certainly presented to his prospective readers in a very interesting manner a sketch of early American customs. The book is full of interesting sentences, paragraphs and chapters. Among other things described is an unusually long mahogany sofa, upon which, says tradition, General Lafayette frequently sat when he came to take tea. Tradition further alleged than in the memoirs of some Frenchman this fact was set forth at length. Curiosity to read what this unknown had to say upon the subject led through such pleasant literary country that soon the original purpose of the quest gave way to a con-

stantly growing interest in these memoirs and records of the last quarter of the eighteenth century, from the battle of Lexington till the transfer of the Federal Government to the city of Washington.

The book is full of interesting history of the very early colonial times. The reviewer proposes to read the book through some time in the near future.

The Fighting Cheyennes. By George Bird Grinnell. New York. Charles Scribner's Sons, 1915. Price \$3.50.

This book is the work of one of the first living authorities on the American Indian. It is the first full history of a great and typical Indian tribe whose relations, struggles, and wars have involved at one time or another not only most of the other Western Indians but the Whites in many of their most famous campaigns—those of Miles, Crook, Custer, etc. Taking its name from this tribe the history thus covers a very wide field, and is perhaps the greatest single contribution that has been made to the story of the passing race. It would be hard to find a book so full of action, adventure, and strategem, or of heroism and self-sacrifice on both sides of the fighting; and the narrative is of extraordinary directness. "What the Indians saw in the battles here described," says Mr. Grinnell, "and in many others—I have learned during years of intimate acquaintance with those who took part in them."

The volume is a beautiful one. Any one who is interested in a subject of this kind would be enthusiastic over the book. Of course it is well known that anything that Scribner's Sons publish has a value and is everything that they claim for it. They published it with a feeling that it was worth publishing and I think this is the greatest indorsement that can be given to a book.

Elementary Bacteriology and Protozoology. For the Use of Nurses. By Herbert Fox, M. D., Director of the William Pepper Laboratory of Clinical Medicine in the University of Pennsylvania. Second Edition, Revised and Enlarged. 12mo, 251 pages, with 68 engravings and 5 colored plates. Cloth, \$1.75, net. Lea & Febiger Philadelphia and New York, 1916.

This work was designed as an elementary text-book of Bacteriology and Protozoology for nurses and for beginners, but it has also proven a useful book to the general practitioner. With-

out being technical, it gives a good idea of the nature of micro-organisms, and then discusses with more emphasis the ways in which bacteria pass from one individual to another, how they enter the body and act when once within, and their manner of exit. Such general information concerning the character of the disease process has been included as seemed necessary to clarify the nature of microbe action. In other words, the author has endeavored to show in the simplest manner how bacteria produce disease. That he has succeeded is shown by the favor with which the first edition was received and by the urgent demand for a new edition.

In the second edition much has been added concerning general disinfection, the transmission of infection, especially in regard to those diseases spread by insects, and the peculiar phenomena of hypersusceptibility, a subject which becomes wider in its significance as we learn more about it. Throughout the book such material has been included as was necessary to bring it up to date.

Pulmonary Tuberculosis. By Maurice Fishberg, M. D., Clinical Professor of Tuberculosis, University and Bellevue Hospital Medical College; Attending Physician, Montefiore Home and Hospital for Chronic Diseases, New York. Octavo, 639 pages, with 91 engravings and 18 plates. Cloth, \$5.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1916.

It is essential that the physician in general practice, who is frequently called upon to treat pulmonary tuberculosis, should have at hand a work which will give him not only the etiology of the disease, but also the methods of treatment best adapted to the needs of the individual case and the conditions under which that treatment must be given to secure the best results and to expedite an ultimate recovery. Such a work has been prepared by Dr. Fishberg, whose wide experience as a specialist, practicing in the most congested city of America, and as a teacher of this subject in the University and Bellevue Hospital Medical College of New York, has given him a comprehensive grasp of the general practitioner's needs. His ability to meet these needs and present them in useful form is evident in every page of his book. It is at once completely authoritative and intensely practical.

At least ninety per cent. of tuberculous patients must be cared for in their homes, not alone because of the inadequacy of

institutional accommodations, but also because most patients can thus be cared for at less expense to themselves and to the community. Treatment in the home, however, may be fraught with imminent dangers not only to the patient but to other members of the household, unless the right methods are employed and proper precautions against infection are taken. Ideal as institutional treatment is in many cases, sanitarium methods cannot be applied in their entirety to patients who are not under the strict supervision and discipline prevailing in institutions.

The treatment of pulmonary tuberculosis presented in this book is based on the author's experience with patients in New York City. Some of them are inmates of institutions, but even these had to be cared for before admission and after their discharge. Emphasis is laid on the fact that in most cases the patient can be given the benefit of rest, fresh air and proper food in his home as well as in a sanitarium. The immense utility of sanitarium treatment is emphasized, but its limitations are carefully enumerated. Medicinal treatment has not been neglected because it is in many cases of more value than some have been inclined to think. The most recent method of treatment, artificial pneumothorax, has been given in detail because of its efficiency in cases where everything else has failed. Dr. Fishberg has carefully studied the literature and has presented the facts as established by leading modern observers and investigators, coordinating, elucidating and supplementing the knowledge thus assembled with the results of his own specialized private and hospital practice. The result is a work which makes clear the problems encountered in the treatment of pulmonary tuberculosis and supplies the student with the basic knowledge essential to the successful handling of this disease. The usefulness of this work to the general practitioner can hardly be overestimated.

Reed & Carnrick, the well known chemists of New York have just mailed to the physicians of the United States a copy of their latest booklet entitled, "The Tongue—An Illustrated Study." The fact that Messrs Reed & Carnrick are manufacturing chemists does not in any way, or should not in any way, give the medical public an idea that it is just an advertisement. It is certainly one of the most interesting booklets that I have ever looked over. The illustrations are

beautiful. Just how a tongue looks under various circumstances is beautifully presented. The artists, the engravers and the printers have certainly done their work well. Some of these illustrations in five or six colors are the frog tongue, the character of the tongue in carbolic acid poisoning, typhoid fever tongue, alcoholism tongue, strawberry tongue; thrush tongue, furrowed tongue, black hairy tongue, syphilis tongue, epithelioma tongue, small-pox tongue, measles tongue, actinomycosis tongue, geographic tongue, and several others descriptive of the various appearances of the tongue representing different diseases.

This great chemical house has sent you one of these booklets. Please do not, just because it has been mailed to you from a manufacturing establishment, throw it in the wastebasket and think it is an advertisement. You will find it is one of the most interesting little books you have ever read.

A Bit of Last Year's History.

In his recapitulation of the submarine controversy with Germany, President Wilson does not bring out with sufficient clearness the situation that actually existed in February, 1915. The Germans had threatened to make a war zone about the British Islands and to strike at commerce by the use of submarines, if the British did not cease their illegal interference with neutral trade in foodstuffs to German ports. On February 20, 1915, our Administration sent an "identical note" to the British and German Foreign Offices. We set forth certain rules of conduct that both sides should observe in common, and certain others that Germany should observe on her part, with still others that Britain should observe. Our position was fair and reasonable. We asked the one belligerent to agree on condition that the other should do the same. Germany replied courteously within ten days, and accepted our proposals. England waited twenty-three days, and declined the proposals in a note that was not as courteous, as just, or as intelligent as the German note. If we had taken a firm stand at that moment, there would have been no illegal submarine campaign on Germany's part, for she expressly agreed not to enter upon any such course of action. England was wrong, and we were in position to set her right by a firm word that meant "business," without controversy but without delay. It was our own Hamlet-like lack of promptitude and firmness, at that

moment of rare opportunity, that has been a contributory cause of all the unfortunate incidents of Germany's ill-conceived form of reprisal through the long and painful period that has ensued. We, too, have been making history.—From "The Progress of the World," in the American Review of Reviews for May, 1916.

Extra-Judicial Comment.

(From Judge)

Expert geographers have already located the spot where Villa be captured. It is in the Immediate Future—next hacienda to the Sweet By and By.

Congressmen who support the literacy test craftily sidestep unconstitutionality. No cruel or unusual punishment is proposed—the immigrant will not have to read the Congressional Record.

Americans, they say, no longer care for joint debates—but we paid \$150,000 to be sure that Mr. Willard's arguments are weightier than Mr. Moran's.

Miscellaneous.

Attention, The S. P. C. S.

The federal trade commission has sent to Congress a preliminary report on the rise in the price of gasoline. It draws no conclusions but presents masses of statistical information. Among the items noted in the press summary are:

Production of crude oil remained virtually stationary; gasoline contents of crude oil decreased; exports of gasoline increased from 188,000,000 gallons in 1913 to 238,500,000 gallons in 1914 and 284,500,000 gallons in 1915; for its 62 per cent. of the gasoline produced the Standard Oil Company charged about 1 cent a gallon less than the "independents" charged for their 38 per cent.

The last item ought to move the Society for the Prevention of Cruelty to Statesmen to do something. Consider the hard lot of the member of Congress with a large constituency of automobile owners. Confronted with angry complaints about the "high price of gas" he is deprived of his old familiar explanation.

He cannot dismiss the complaints with the classic vituperation of the "trust"—the "octopus"—for here is the federal trade commission with its cold-blooded price tables! Truly the way of the statesman who deals in oratory meant only "for Buncombe County" grows harder every day.

About Soporifics.

The measure of a soporific's usefulness is found not in any single quality but in its adaptability to the various nervous and mental conditions encountered in daily practice. Potency, although it is the first essential cannot be taken as a standard by which to judge a remedy of this class. Danger either of immediate evil effect or habit-forming too often accompanies this quality. The sphere of usefulness of such remedies is limited to cases which are under the constant supervision of the physician or trained attendant. It is essential to have a safe sedative-hypnotic for the vast majority of cases. Such a remedy must be free from habit-forming drugs and dangerous heart depressants. On the other hand it must possess sufficient potency to relieve all nervous manifestations and highly excited mental states not absolutely requiring the administration of an opiate. It must be a remedy in which dependence can be placed not only as to positive therapeutic effect, but also as to freedom from deleterious results.

These requirements are fully met in Neurosine. Neurosine is a potent sedative-hypnotic-antispasmodic not dependent on habit-forming drugs or cold tar derivatives for its therapeutic effect. It possesses positive sedative power and this power is made available wherever desired by absolute freedom from danger. This combination of maximum potency and perfect safety with the added advantage of exemption from narcotic laws makes Neurosine the most satisfactory soporific for routine use. ad-4-16

A Medicinal Trochar, for the treatment of dropsical effusions, is as important an innovation of modern medical science as the therapeutic lancet for the relief of vascular congestion. The latter office has for several years been performed by aconite. The former function is fulfilled by Anedemin. This excellent preparation is a scientifically balanced and skilfully compounded mixture of Apocynum Cannabium, Urgenea Scilla, Strophanthus Hispidus, and Sambucus Canadensis. It is well enough, in a general way, to call it a Medicinal Trochar, but, as a matter of fact, of course, its action is much more fundamental and thorough than that of a trochar. It strikes at the root of the trouble, and removes the cause of the Aanasarca, rather than its results. It restores the balance between the arterial and venous systems,

at the same time improving cardiac tone, and this prevents the accumulation of fluids in the tissue. The Anedemin Chemical Company, Chattanooga, Tenn., will be pleased to furnish physicians with a liberal working sample of Anedemin Tablets for a thorough try-out. Anedemin is a remedy dependable always, can be pushed and administered with safety wherever indicated. Has no cumulative action. ad-6-16

When The Physiologic Processes of The Bowel Need Stimulating.

In this day of extremes, the practitioner must not let the success obtained in certain cases of bowel stagnation, by the use of "intestinal lubrication" blind him to the fact that paraffin oil is essentially restricted in its indications. To employ it indiscriminately in all cases of constipation means complete failure to get results in many instances—and the consequent discrediting of a remedy of undoubted value when properly used.

As a matter of fact, in a large proportion of cases of constipation there is atonicity of the muscular coat of the intestines, together with marked decrease of glandular activity. Measures to impart tone to the bowel musculature and increase the glandular secretions are therefore imperative and no remedy has been found more effective for these two main purposes than Prunoids. This has proven itself a true corrective of constipation of functional origin, its effect on the physiologic processes of the bowels not only assuring a prompt restoration of intestinal activity, but with gratifying freedom from all gripping or reactionary constipation. The most casual test will show Prunoids to be a true physiologic laxative that can be used with every confidence in the permanency of its benefits.

"Robinson's Elixir Paraldehyd." 10

per cent. Paraldehyd is hypnotic and anodyne. It calms restlessness and insomnia, and procures unbroken sleep from four to seven hours duration, and to leave behind neither languor, nausea nor digestive disorders. It also acts as a diuretic. It has been found efficient in the insomnia of various acute diseases, and also in acute Mania. It is proposed as possessing the good without the evil qualities of chloral. (Not. Dis., 3d Edit, P., 151.) Robinson-Pettet Co., incorporated. (See page xiv this issue.)

Guaiodine.

Dear Doctor:

"Ninety Two Per Cent. Efficiency." This was what a Doctor in Denver, Colorado, "The Home of The Intravenous Products Company," told us, and he has used GUAIODINE in forty-two cases. He is at the present time using this on an infected jaw. Three previous cases, which he had on the same type of infection, died. This fourth case upon which he is using GUAIODINE is healing, and the patient is recovering rapidly.

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If you desire to give these products a trial or wish further information, write Mr. C. Tanghe, Distributor for these products, Atlanta, Ga.

The Potentials of Body Alkalinity.

Fifty years ago the stab of a "yellow jacket" or an explosion of "hives" met with like treatment: "Baking soda" externally for the former and both externally and internally for the latter. Both were true types of an acid toxemia, the former localized, the latter systemic, and their prompt relief with concentrated alkali was accepted as a matter of course, and unworthy of scientific investigation.

Such absurdly simple therapy long precluded even its experimental use in the more serious diseases, and had the internal alkalines been pushed to complete body alkalinity, the physician would have been drowned by a tidal wave of professional disapproval, as was the pioneer laparotomist after his first abdominal section. And even the very recently recognized latent therapeutic value of alkali rests largely upon large dosage of highly alkaline salts. However, the wide possibilities of correctly combined salts of the anatomic metals, as instanced in KALAK Water, are being rapidly proven by laboratory research, supported by clinical evidence, and many long cherished theories are falling by the wayside because of "KALAK FACTS." The "salt-free diet" for the nephritic is rational as long as the secretions are acid for sodium chloride is doubtless a "retention salt" in an acid condition but alkalize your patient, and salt promptly becomes innocuous. Again, if we recognize an edema as a form of acidosis the reason for the frequently brilliant results with KALAK WATER in the vernal type of hay fever, or bronchial asthma becomes apparent. The cloudy brain of the profoundly poisoned alcoholic clears as rapidly under KALAK WATER as does the comatous diabetic under intravenous alkalinescence. Why?

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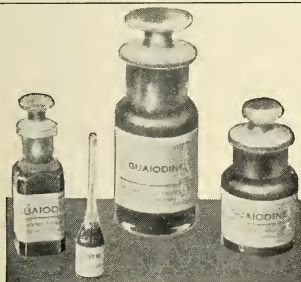
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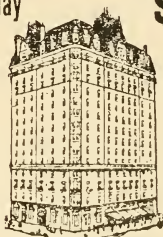
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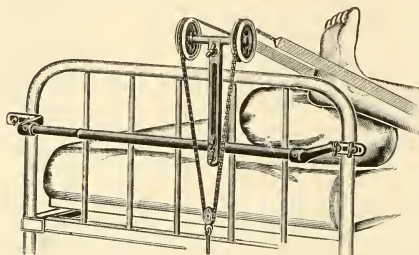
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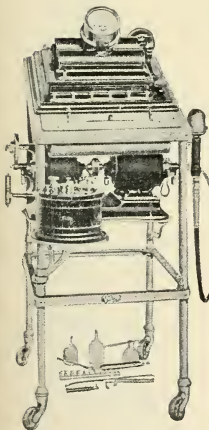
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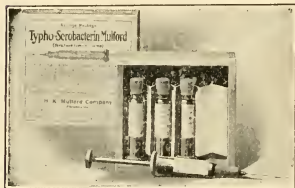
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* British Medical Journal, 1915, 1445; Jour. Royal Army Med. Cor., 1911, XVI; Press Medicale, Feb. 10, XXIV, No. 8, p. 5764; Lancet, Sept. 19, 1914; Jour. A. M. A., June 28, 1915, editorial; Amer. Jour. Med. Science, 1915, CXLIX 406; Jour. A. M. A., August 7, 1915; Jour. A. M. A., July 24, 1915. † Am. Jour. Med. Sci., 1915, CXLIX 406.



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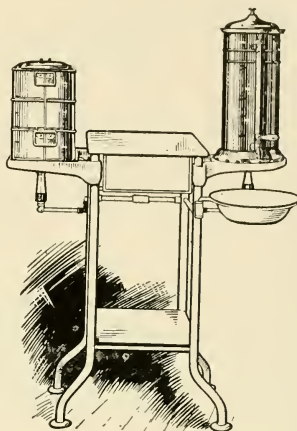
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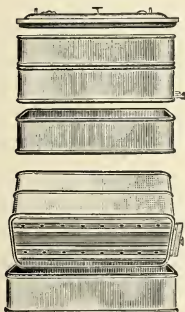
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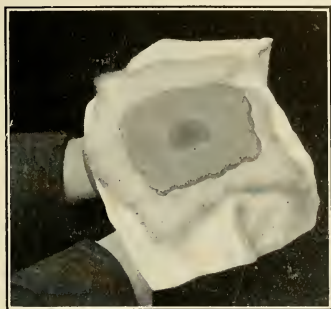
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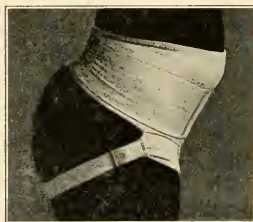
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Dr. Chas. O' H. Laughinghouse, Greenville, N. C.

The Charlotte Medical Journal

VOL. LXXIII

CHARLOTTE, N. C., JUNE, 1916.

No. 6

DR. CHAS. O'H. LAUGHINGHOUSE, GREENVILLE, N. C.

Edited by Drs. D. W. and Ernest S. Bulluck,
Wilmington, N. C.

Dr. Charles O'Hagan Laughinghouse was born in Greenville, N. C., February 25, 1871. His parents were Joseph John Laughinghouse and Elizabeth O'Hagan. Beginning with the graded schools of his community he continued his education at Horner's Military School, Oxford, N. C., from there he entered the University of North Carolina, where he completed his academic preparation. In 1890 he began the study of medicine in the University of Pennsylvania. He graduated three years later and passed the North Carolina State Board of Examiners the year he left school.

Dr. Laughinghouse located in the town of his birth; there he became associated in practice with his distinguished grandfather, —the late Dr. Charles J. O'Hagan, a man whose culture, skill, and scholarly attainments have left an indelible imprint upon his profession in the State.

In 1896 Dr. Laughinghouse did postgraduate work at the Johns Hopkins Hospital and the same year he was married to Miss Carrie Dail of Snow Hill, N. C. As the result of this happy union they have three children.

At the death of his grandfather our subject continued his medical work alone, until 1902 when he became associated with Dr. E. A. Moye. Six years later this partnership was dissolved because of Dr. Moye's ill health.

From his entrance into the practice of medicine, he has grown more and more popular, and his practice has continued to increase until today, he is the leading physician in his county and has won a State-wide reputation. His knowledge of medicine and his success in its practice has been such, as to make his services valuable in many positions. He has been president of the Pitt County Medical Society, and at Durham in April, 1916, was elected president of the North Carolina State Medical Society. Dr. Laughinghouse is also a member and Vice-President of the Tri-State Medical Association of the Carolinas and Virginia, a member of the American Medical Association, a member of the Association of Atlantic Coast Line Railroad Surgeons, and Physician in charge of the East

Carolina Teachers Training School, where he is bending his energies to disseminate a working knowledge of practical sanitation through the rural school teachers of his State. For six years he was a member of the Board of Medical Examiners for North Carolina, and at one time president of that body. He has served the State Society as Essayist, Chairman of the Sections of Surgery, Anatomy and Medical Jurisprudence and State Medicine. While at the University of Pennsylvania the zealous doctor was president of the John Ashhurst Surgical Society; a member of the D. K. E. fraternity and president of the Carolina Club.

Dr. Laughinghouse served his home county as Coroner from 1894 to 1913, and as Superintendent of Health from 1898 to 1906. In 1911 the State Medical Society elected him to membership on the State Board of Health, since which he has rendered valuable service, being regarded by his colleagues as one whose judgment is ever well balanced and constantly helpful.

For six years he was a member of the Greenville Water and Light Commission and has been a City Alderman. In a business way his constructive enterprises have contributed much to the success of his town. He is a charter member and director of the following: The Greenville Knitting Mills, Greenville Manufacturing Company, Carolina Social and Business Club, Greenville Building and Loan Association, Greenville Banking and Trust Co. and the National Bank of Greenville.

The medical profession is indebted to Dr. Laughinghouse for illuminating articles on Tuberculosis, Arterio-Sclerosis and other interesting subjects.

In addition to his professional prominence, his finished social and literary qualities have made him desirable in all phases of life. He possesses a fine sense of humor and wit and is therefore a great favorite at social and literary gatherings. He is the Doctor "of the people," always ready with a genial smile, a cheerful word, a flood of sympathy and a helping hand, with true understanding he applies the Master's Idea of real service. Helping not only the sick but well, in that he stands for what is good, true and pure in the social as well as the civic life of his town, country and State.

**PRESIDENT'S ANNUAL ADDRESS
DELIVERED BEFORE THE N. C.
MEDICAL SOCIETY AT DUR-
HAM, APRIL 18, 1916, BY DR.
M. H. FLETCHER, ASHE-
VILLE, N. C.**

I am fully cognizant of the responsibilities, and the importance of the office to which you have promoted me. In a sense I realize my short-comings and inability to adequately fill it. I do however feel honored beyond my deserts and am at a loss for words to express my gratitude.

One is naturally expected as a leader of the profession to talk on some topic of interest to the profession of the whole State, rather than some abstract subject in medicine or surgery, for this reason, Health Subjects have had the right of way in addresses of this kind for several years. Many of our talks on health matters are getting tiresome and worn thread bare. Much that is printed in our health journals and bulletins is committed to the waste basket. Many of our bulletins are never taken from their cover. The medical profession is ten years ahead of the laity on these subjects, and it remains for the "all time Health Officers," the young mothers, and the school teachers to complete the job. Too much time need not be wasted instructing many who are advancing in years because they are "Sot in their ways." While we lack interest in sanitation, Health Matters and their allied interests will be ever before us. We could not get away from them if we would.

I have chosen for my subject one of these interests, viz: The Community Hospital. First, I believe that the name should be right. There is more in a name than we sometimes think. While in reality it is a County Hospital about which I am talking, a local name like Wilmington, Greensboro, or Asheville would be preferable. I would like to get away from such words as State, city, county, charity, mission and like meaning names that would suggest, that it was sectarian or denominational. We would like to avoid even the suggestion to any sick person no matter how poor, that he was an object of charity, but that he belonged to the great brotherhood of mankind, and that it was a pleasure for his fellow beings to care for him when he is ill.

This is a hospital age. Someone has well said That hospitals have for their purpose "The prevention of preventable diseases, to relieve suffering, and to prolong life."

The hospital idea has gotten such a hold on the public ear, that many of our

larger cities have more hospital facilities, and more beds than they have patients to put in them. We recently visited the new five million dollar hospital in Cincinnati, Ohio which is supposed to be the last word in hospital construction, in this country, up to this time. Half of their beds were not filled.

When a community of half a million people are willing to tax themselves to the extent of eight hundred thousand dollars a year, for the maintenance of an all charity bed hospital, it proves to my mind that the masses in the cities at least are wide awake to the needs and necessities, as well as benefits of hospitals. I am reliably informed by one of the leading surgeons of Cincinnati, that it costs five and one half dollars per capita for each patient treated in this modern hospital per day.

Just think what we could do in North Carolina, in some of our smaller cities and towns for one third of this amount per capita cost. If hospitals are so essential to the cities, what about the country and smaller towns. The country folks are just as much in need of modern hospitals as city folks; they are subject to many of the same ills, they are entitled to the same remedies. That is not all, the educated and those who are financially able are going with their ailments and their money, to the cities where they can get the best diagnostic skill and treatment.

How many hundred of our citizens go out of this state each year to get hospital treatment? I doubt if any of you could even approach an estimate. How many more suffer and often die who by reason of poverty and other reasons, can not or will not go, to say nothing of a score who are not physically able to make a long journey without placing their lives in peril.

Many cases go out of the state each year because we have not developed the proper skill for taking care of them at home, and why? Partly for lack of money, but that is not the only reason. It is mostly for lack of a co-operative spirit among the profession. We do not pull together in matters of this kind as we should. How many of us keep up our laboratory and original research work for want of a proper place to work in. How many of us let our knowledge run to seed. How many lose our talents for want of a proper use.

As much as we deplore it, it is a fact that the family physician is disappearing from the community, and the so called "Grouping of Physicians" taking his

place, and this group centering around an individual, or a private hospital. I think there would be far less danger of commercializing our profession, by having the grouping take place around the "Community Hospital" where every doctor who has developed special skill along special lines; loves certain kinds of work better than he does a dollar, and who does certain kinds of work better than any body else in his community, should be given an opportunity to further develop his skill.

It would be an incentive to become efficient along many or certain lines, certainly not all, as his work would be subject to review and criticism. It would give the general practitioner an opportunity to take up some line of work, and gradually develop into something besides a clearing house for the specialist and the advertising hospitals. We may mourn the departure of the general practitioner and the community Dr. as much as we choose, and right here let me add that I have the greatest admiration and respect for him. Because they are often the biggest and best beloved men in their community, and for the amount of good that many of them do, the work of the clergy pales into insignificance. He will in a few years live only in pleasant memories and furnish much for the historian, and the novelist to write about.

The modern laboratory so essential now with its chemistry, bacteriology, physics, pathology, serology, and many other things have increased to such an extent that it is impossible for even the doctor, with the most comprehensive mind, and a physique of iron, to master all that is required or even essential in the present day. Grouping is a necessity. Why not wake up to the situation and adjust ourselves to new conditions, in such a manner as to hold on to some of the virtues and goodness, and the high ideals that our fathers in medicine possessed. In this day of efficiency, the patient has lost his individuality. Various parts of his anatomy are considered as part of a machine to be adjusted by men who are efficient in the various regions. Often the diagnosis is made in the laboratory by men who have never seen him. The doctor has at the same time lost his equation; he does not take a long chance on a guess, hedge and leave a hole to get out at. Diagnosis are made by weighing data.

We will not argue the question whether medicine is a science, an art, or a trade. We would like however to have a place where we can cure our patients, pursue

our studies, develop our skill without devoting our time and thought, and assuming the financial burdens, worries, and responsibilities and often resorting to questionable methods to make ends meet, as in the private hospital.

The county societies must take a lead in these matters, or our best talent will leave the state. If we go at this thing in the right way, we will get help in building these institutions from many who are looking for opportunities to benefit mankind; only we must be able to bring about results. Many of the practical ones must be shown. What an idea it is to promote some one thing in a community for which every body can work alike, without hindrance or regard to race, creed, color, or previous conditions of servitude. Many surgeons and other specialists have been forced to erect private hospitals in North Carolina, in order to have a place where they could treat their patients, when they had no special talent for running the business end of the institution, and have had to give up valuable time to detailed work which has no possible connection with the scientific part of their calling. Physicians are proverbially poor business men, particularly those who devote their thoughts and talents to the highest and best that there is in the practice of medicine. In this age of efficiency, science and business run along different lines.

My own idea of a community hospital, is one located in or near a city of five thousand people or more; not less because you could not get support for it in the sparsely settled communities. It must take care of all the curable indigent in the county, free and must be supported by a large measure by county taxation; must have at least forty beds, a training school for nurses, a well equipped laboratory for its own use, as well as to make laboratory tests and examinations for all the doctors in the county. Let all patients who are able, be required to pay for these examinations. Educate the public to pay, as all who are able should be required to pay, even though the amount be small. Too many people are ready to take advantage of charity. When one begins to accept aid from the county or city, you take out the best there is in him, viz his pride. Once they accept free treatment the rest is easy, like accepting doctors services free, they accept them and get hypercritical pretty soon if they do not get all they want. We are beginning to expect too much from the State, and not enough from ourselves.. Protection and paternalism go hand in hand.

The person who thinks that the State owes him a living, is not the most desirable citizen. He might better say, what can I do for my State.

To return—Let the laboratory be a place where the "All Time Health Officer" can make his tests and examinations, also give instructions to those who are willing to be instructed in these matters. Let the county laboratory be conducted as an auxiliary to the laboratory of "The State Board of Health." You can readily see that it is unwise to wait for reports to come from the State Board of Health in most of these examinations. Besides the attending physician can follow up his case, can verify his findings, can at least get his report in time to benefit his patient. This part of my theme, I can only make suggestive. An X-ray outfit with a competent man to interpret its findings is a necessity in hospital work at this day, at least for the purpose of making diagnosis. It must be apparent that many of our communities cannot support a hospital. The nearby counties should furnish them with free medical and surgical attention, and other hospital advantages, at actual cost of maintenance.

The buildings should be of fireproof construction. In fact, in this year of grace 1916 we should not allow any public building to be erected in North Carolina, in cities of five thousand and over which are not fire-proof. Accommodations for contagious diseases for both rich and poor, should be provided. The community will fall far short of its mission, if it fails to provide for the tuberculosis subject. The brain which conceived the idea of a State sanatorium, at Sanatorium, N. C. was a good one, and should receive our support, but it alone cannot solve the tuberculosis problem in North Carolina. As a matter of fact when this tuberculosis problem is solved, if indeed it ever is, the State, the county, the city, and the individual will all take part. Manifestly the tuberculosis problem is different in different localities. Conditions in Newbern and Charlotte could not be the same as conditions in Hendersonville.

I want to refer briefly to the training school for nurses. I do not know of any other class of people who devote their all, their lives, their youth, and energy, to the hospital cause. It is the trained nurse who has made hospitals possible. A training school for nurses is as indispensable as trained physicians. You could not hire, or by any other means get as efficient services in routine hospital work from graduate nurses, as you

can from those who are anxious to learn and make a reputation for themselves in training.

Our State legislature in 1913 enacted a law by which any county in North Carolina could by petition and election issue bonds to build, and levy tax to support County hospitals. The law was fairly well thought out, and planned. It provides for a non-salaried board of trustees, four men and three women, a training school for nurses. It was to be opened on an equal footing to all legally qualified practitioners of the county. It had other good features, yet how many of our doctors know that we have such a law, much less how many of our people have thought about it. Can you imagine a bond issue carrying in any county of the State, under the present state of the public mind? A campaign of education will have to be carried on first. The doctors themselves will become a large factor in bringing about the results we want. If we ever accomplish any thing along this line, we will have to have more of a co-operative spirit than I have ever known among the profession. We will lay aside our differences, prejudices, jealousies, and work together for a common good. If we ever get a county hospital in North Carolina which will serve all classes under all conditions, the doctors in that particular county, will work for it as a unit. They will work only for the good that they can do.

I want at some future time to pay my respects to the private hospital. Many of them are good and are serving a good purpose. Many of them lack a whole lot being a credit to the State which gave them a charter. The State board of charities should have more power or should exercise more power, both in granting and keeping in force the privileges of running these institutions. Some wide-awake body should keep in touch with them. The profession may be able to distinguish between those that are good and those that are off color, but the laity does not always know till after some scandal or crime had been committed. All that is necessary is to have a doctor, no matter much what kind, or whether he has a license or not, "Doctor" as a prefix sanatorium or sanitarium as a suffix, is all that seems to be necessary. The public does not seem to care, and if the doctors begin to knock them, their success is assured. Many of them seem to be under no kind of restraint owe no allegiance to any one, and have no regard for morals, ethics, or decent living.

If we undertake to furnish good doctors to practice medicine in the State, why not protect the public from fake institutions.

That time honored institution "The co-joint session of our society with the State Board of Health seems to me to have served its purpose, and outlived its usefulness. The time fixed by the legislature, to come in the middle of our session with the apparent purpose of forcing a compulsory attendance, often ends in failure. One or two hours is too short a time to do the work of the State Board of Health. The report of the secretary is largely made up of statistics which can more profitably be read at home.

It seems to me that the proper place for this joint session, is with the Health Officers Association. Conditions have changed rapidly of late. Too many of our profession have matters of special importance to discuss at our meetings. Health work is now largely in the hands of experts. I recommend that this matter be referred to the legislative committee for adjustment, at its next session.

The Boston tea party did not have any thing like as much of a grievance against the British, as the North Carolina doctors have against our State legislature, for levying a special tax on our profession. The five dollars in itself is not the only cause of our protest. The principle of allowing the State to class us with the trades, the circus, the barber, and tax us accordingly without a protest on our part, is wrong. It is taxing a public charity.

The State exacts much of our time, makes us pay a penalty for not reporting our births when that information is of no direct benefit to those who make the reports. The public is benefited by this and many other services that we render the State, free. Half of the work of the average doctor during the life of his active service, is done without compensation. We pay for the privilege of serving the public for nothing and no other class of citizens who work for the good they can do, are taxed in this way. Let us do as the State of Virginia did. Rise up in our might and have this tax removed.

IMPORTANCE OF THE WHOLE TIME HEALTH OFFICER AND THE WHOLE TIME HEALTH NURSE IN THE CAMPAIGN AGAINST TUBERCULOSIS AND ALL PREVENTABLE DISEASES.*

By L. B. McBrayer, M. D., Sanatorium, N. C.

In the war with Spain the most important character on the side of the United States was not Admiral Sampson, who received official credit for the naval victory off the coast of Cuba although he was on land forty miles away at the time of the engagement; nor was it Admiral Schley, who was in command of our fleet at the time and who was responsible for our success; nor was it the redoubtable colonel who made the charge up San Juan Hill, whose grin was sufficient to drive before him the army of Spain in fright and dismay; nor was it the silver-tongued and sweet-lipped Hobson, who attempted to bottle up the Spanish fleet by sinking a collier in the mouth of the harbor; nor was it our own beloved Lieutenant Shipp, who cut the cable at Cardenas and was the first to give up his life in the punitive expedition sent out to avenge the death of our sailors who went down on the ill-fated Maine in Havana harbor, and which in due course of time gave freedom to Cuba; but the most important character in that war was the man who carried the message to Garcia. In public health work this man is the Health Officer, and his first aide and chief of staff is the Health Nurse.

The units of health work now being offered by the State Board of Health are splendid. These are but a sample of the many new and important methods and policies evolved from the fertile brain of our distinguished Chief, the Secretary of the State Board of Health, Dr. Rankin.

They can be used to great advantage in counties who have no whole time health officer and in addition to the concrete good they do, will serve to show the county the advantages of public health work and bring the people up to that degree of intelligence in regard to health matters that will pave the way for a whole time health officer and follow soon thereafter with a whole time health nurse.

Then again these health units may work out plans for doing certain specific things such as school inspection, etc., that will serve as an example to the Health Officer, and no doubt the Board

*Read before the State Health Officers' Association, Durham, N. C., April 17, 1916.

of Health will co-operate with the Health Officer in putting on these units, just as they do with the force they send out directly from their office.

These units of health work have many other things to commend them, but one thing is certain, and that is that they can never take the place of the Health Officer. The unit of our government is the county, and no county administration is doing its duty to its constituents unless it provides them with a whole time health officer and strengthens his hands and multiplies manifold his efficiency by giving him from one to a dozen whole time health nurses.

You are aware of the fact, of course, that North Carolina was the pioneer in the whole time health officer business, just as she was in the health unit mentioned above and in the medical practice act and in many other good things. We were unable to procure men of experience for these positions because there were no men of experience for these positions, because there were no men in this or any other state who had had this experience. It became, and now is, the more necessary that the whole time health officer in North Carolina make good, and by making good I mean working out a program for county health work that will be a model for other counties and other states and will commend itself to the profession and to the people.

When this work was taken up there were no schools for health officers. Three or four have been established since, but likely there is not a professor in any of them that ever had any experience as a health officer and besides, these schools, excellent as they are, can only give you some of the implements a health officer will need to use; but the only way a health officer can become expert in the applied science is (a) to see the actual work done, and (b) to do it himself. Don't be discouraged; Terry and Reynolds and Evans and Levy and Rankin and Leathers and the others that are doing such splendid work as city or state health officers have worked out their own salvation, and who for a moment would intimate that any of these are not even now on the pinnacle of success and lifting themselves higher every day as it were by their own boot-straps. But in order to be a success they have made use of the experience of others; they have never lost an opportunity to see the work of others and if opportunities did not come, they made them, and they have used their own initiative and have also been free to give the other fellow the benefit of their accomplishments.

The responsibility of tuberculosis weighs heavily on the health officer. The early diagnosis of this disease is perhaps one of the most, if not the most, important thing in the campaign against tuberculosis. Our state along with the other Southern States can not very well arrange for clinics, as is done in the larger cities. If this work is done it will have to be done by the health officer.

Come to think of it, why shouldn't he be asked by a physician who is in doubt to make a diagnosis for him in a suspected case of tuberculosis? Or if a person suspects that he has tuberculosis, why shouldn't he have the right to an examination by the health officer? Or if someone suspects that his neighbor has tuberculosis and fears that the said neighbor will infect his family, why wouldn't it be proper for him to request the health officer to investigate and take such step as might be considered necessary to protect the community? That is just what he does in a case of diphtheria, scarlet fever, smallpox or other contagious or infectious diseases, and tuberculosis causes more deaths than all the other preventable diseases combined and ten to twenty times as much sickness, distress and expense.

Some health officer might say that they do not feel competent to make an early diagnosis in tuberculosis. Then let them make themselves competent. There was a time in the life of each one assembled here when we were not competent to make a diagnosis of any disease, but we did not continue so.

In health work I do not know of anything that can be so helpful as a nurse. It is all right and proper and wise and necessary to give printed instructions, but as I had a doctor write me, what good will it do when not one in the family or within three miles of the family can read a word? It is all right and wise and proper for the attending physician to give instructions in the prevention of disease, but he is not paid to do this and cannot take the necessary time in most instances. But let the nurse go to the home and spend an hour or more, and while there not only give instructions, but carry out the instructions with her own hands and also administer to the comfort and needs of the patient by carrying out such orders and treatment as the doctor may prescribe, in such way giving physical comfort to the sick and winning her way to the heart of the family and all the time teaching hygiene by precept and example. This has long been recognized in the larger cities of the North and West, but is

only recently coming into notice in rural communities.

We now have 25 public health nurses at work in North Carolina and we hope to extend the number as rapidly as possible. By public health nurse we mean in North Carolina visiting nurse, tuberculosis nurse, pre-natal nurse, child welfare nurse, school nurse, etc., etc., etc., all combined in one, under the title Public Health Nurse. It might be well for me to say at this point that we never could see the propriety or economy in having from two to five different nurses visit the same family on the same day, representing the various agencies mentioned above, and that this plan always seemed to us to be a waste of money, and what is more valuable, the time and energies of the nurses and the family. When we took this matter up with various authorities interested in this work, my first statement was that we could not stand for such division of the work in this state and that the one nurse under the title of Public Health Nurse must cover every phase of nursing service, and that when more nurses were needed in a given community, they would be added on the same basis and only one nurse would cover a given territory. I was greatly pleased to have a hearty assent to this policy and to learn that several of our northern and western cities were, even now, changing to this policy as rapidly as they could.

We hope soon to place in the field a nurse who shall work under the title of Director of Public Health Nursing in North Carolina. It will be her duty to supervise the nurses doing this work throughout the state and help create sentiment for and procure the establishment of nursing service in communities that do not have it.

The financing of public health nursing in North Carolina comprises a comprehensive scheme of co-operation not heretofore correlated in health work. The Bureau of Tuberculosis of the State Board of Health and the Metropolitan Life Insurance Company will jointly finance the salary and traveling expenses of the Director of Public Health Nursing. The local nursing service will be financed locally, except for the Metropolitan Life Insurance Company and will combine all interested agencies. For example, in Fayetteville where they have recently put on a nursing service, the following organizations will co-operate in financing the scheme: Local Red Cross Seal Committee, the town, the county, various churches and secret orders, and the Metropolitan Life Insurance Company. The

Metropolitan Life Insurance Company does not contribute a flat amount, but pays to the committee or whoever is responsible for the nurses salary, 50 cents per visit made to its policyholders.

The cotton mills and other textile mills are employing nurses for their mill communities, and these corporations are so well pleased with results that we have reason to believe many more will take up this splendid work at an early day.

Let it be said, however, that this is a legitimate field of public health work and should be financed by taxation just as is the health officer today, and we should lose no opportunity to impress this upon the minds and hearts of our citizenship.

THE REMOTE EFFECTS OF NASAL AND PHARYNGEAL OPERATIONS.*

By E. Reid Russell, M. D., F. A. C. S., Asheville, N. C.

One of the most usual surgical procedures is adenectomy. After the surgical removal the results have without exception been good. It is a pleasure to see the narrow chest, hacking cough, mental dullness, running nose, frequent colds, earache, deafness, nosebleed, etc. disappear. For an acute otitis media the adenectomy may be done with the best results, even during the attack. The symptoms of adenoids in children vary, and in certain cases their presence creates no apparent disturbance.

Tonsillectomy may be considered next. One does not do tonsillectomy any more. The results of this operation are brilliant, with a few exceptions. This is a capital operation, more dangerous, as some one has said, than amputation of the leg at the hip-joint. After the enucleation of the tonsil one will notice clearness of the tone and lessening of vocal fatigue. Also the singing voice is increased in range, less tendency to hoarseness when such exists either in singers or speakers. The general health is greatly improved in many ways. Impairment of the singing voice has been observed from change in size of pharynx and cicatricial contractions. I should not remove a tonsil at any age, unless I was convinced that there were disorders of health or hindrance to development, which are due to the tonsils. The tonsil that has never been inflamed is no proof that it is not causing or may not cause trouble. One may see a relationship which another may overlook, between the tonsil and

*Read before the North Carolina Medical Society, Durham, April 19, 1916.

other parts, as the nose, ear, pharynx, larynx the pulmonary and gastro-intestinal tracts, and causing deafness, tinnitus, hoarseness (recurrent) catarrh, bronchitis, cough and indigestion, and these by causing more or less impairment of health. The usual cause of singers node is tonsillitis, and a clean enucleation of the tonsil usually cures this.

Recurrent enlargement of the deep glands of the neck, laryngitis with attacks of hoarseness, follicular pharyngitis, recurrent acute articular rheumatism following acute tonsillitis are cured or benefited by operation.

By the removal of the tonsils we often see recovery or marked relief from troublesome joint inflammation involving the knee, ankles etc. A chronic antrum abscess may also be the cause. No matter where the foci are, removal is the thing. The teeth, nose and throat all should come in for close observation.

The glands of the neck as we know, are simply a continuation of the tissue of the tonsils and adenoids. The infection may remain there for a long time, and at some future time crop out and give trouble.

Dr. J. G. Wilson reports the finding in the tonsil of the bacillus *erogenes capsulatus* (Welch). The tonsils were removed because of frequent attacks of gastro-intestinal disturbances. Also chronic articular rheumatism. This is the second time it has been found in the tonsil, but it is very often found in the gastro-intestinal canal, and the symptoms are marked.

We see various symptoms of tuberculosis vanish on the removal of the tonsil. We also are reminded of the relationship between endocarditis, nephritis etc.

I am quite sure that the removal of the tonsil is wrong in any case of atrophic rhinitis and should never be done. Neither should the operation be done on certain cases of advanced tuberculosis. As for the resection of the nasal septum, the results are a reconstructed functional septum. We find that the reflex and other symptoms associated with the indications for operation will gradually disappear completely in a large percentage of cases. The after effects on the throat, ears, lungs and the whole system is very marked. The catarrhal symptoms pass, the patient's mind is bright, the asthmatic symptoms are often helped and a few cured. The tubercular patient is wonderfully improved by this operation. The most frequent pathological condition involving the ethmoid labyrinth is acute catarrhal ethmoiditis? This also extends to the accessory nasal sinuses very often.

The submucous operation in a very large per cent. of the cases removes those symptoms. The free nasal respiration is a benefit to all.

Many cases of deflected septum were treated by local application, the temporary improvement being due to temporary reduction in the turbinate engorgement. The practical surgery of the nose and accessory sinuses by rhinologist has put a stop to all this. All these operations should be done in a hospital. The operation of the middle turbinate includes an attack on the ethmoid, and the septum operation and all intranasal approach to accessory sinuses may be followed by dangerous consequences.

The submucous is indicated in the recurrent acute inflammation of nose, and acute inflammation of accessory sinuses. In atrophic rhinitis the submucous is indicated only in marked deviations. The most brilliant results are often seen in inflammation of the accessory sinuses and nasal polypi. In hay fever subjects the symptoms are at least very greatly alleviated in all sinus diseases, as the frontal, sphenoid, etc. must be treated radically at times, but often we can restore the normal function of the inflamed sinuses without doing the radical operation, whose object is to destroy the affected structures. Meningitis is seldom a result of sinus suppuration, but of an operation to relieve the chronic condition. If there is free drainage and no signs of ill-effects on the general health, but only an occasional headache, and the patient can be kept under observation, the risk of a radical operation more than counter-balances the advantages. There are a number of ways in which diseases in the nasal cavities affect the intracranial structures, through the venous channels, arterial supply, sensory and motor nerve supply, the sympathetic nerve and the general absorption of infectious material. When we consider the thinness of the wall between the attachment of the rectus muscles and sphenoidal cavity and ethmoid cells one can see how the disease of these cavities may impair the function of the muscles. The result of treatment of the accessory sinus disease in the presence of muscular imbalance further goes to show that there is an intimate relation between the two conditions. In all sinus diseases accompanied by serious eye symptoms the endonasal method or even one of the more radical methods may be performed. We may not and do not cure all the sinus cases either by radical or milder treatment. Secure good drainage, should a radical

operation be done then make it radical, so that the field can be inspected afterwards.

Most of the cases of chronic catarrhal otitis media that appear in adult life are the result of some diseased condition of the nasopharynx existing during childhood. Any condition that interferes with the normal physiological action of the Eustachian tubes will predispose to middle ear disease and a normal nasopharynx is an important factor in safeguarding the ears.

Legal Building.

A PLEA FOR EARLY RECOGNITION AND RELIEF OF INTES-TINAL OBSTRUCTION.*

By Eugene B. Glenn, M. D., Asheville, N. C.

My experience in dealing with intestinal obstruction has been that the condition is frequently not recognized by the family physician early in the case, and not until after complications have arisen, and in many instances, irreparable damage has been done.

The object of this paper is to bring out a discussion that will freshen our memories on this all important subject.

Clinically, we divide the cases of intestinal obstruction into acute, subacute, and chronic. And in the subacute and chronic varieties, we recognize a complete and an incomplete obstruction. For in some cases a small amount of material is able to pass by the seat of obstruction.

Various conditions are responsible for intestinal obstruction. I will refer to some of them briefly, viz.:

First, paralysis of the bowel may be caused by peritonitis, compression in a strangulated hernia, or by a severe blow over the abdomen. The paralysis may be general or limited to a small loop of bowel.

Second, Internal hernia through a natural aperture in the peritoneum, such as the foramen of Winslow. Strangulation may also take place through abnormal openings formed by adhesions or bands.

Third, Diverticula, especially Meckel's diverticulum in the ileum, may interfere with the movements of the bowel as do the peritoneal bands, by forming adhesions and dragging on the bowel or binding it down or even surrounding it like a cord.

Fourth, Stricture, as we understand is a reduction in the lumen of the bowel by various causes. The narrowing may be

congenital, it may be cicatricial, or a tumor in the lumen of the bowel, or a pressing without.

Fifth, Volvulus, which occurs four times as often in males as in females, and appears to be more common in certain races, for example, Russians, is a twisting of any part of large or small bowel with a long mesentery. The twisted loop is free in the centre, but its ends are closed by the rotation, and when the blood supply is cut off in the mesentery by the rotation, gangrene results.

Sixth, Fecal impactions are most frequently found in the rectum, sigmoid, or caecum, and in severe cases the entire large bowel may become distended with feces.

Seventh, Gall-stones and foreign bodies entering the bowel may cause obstruction. Obstruction has been caused in children by round worms.

Eighth, Intussusception occurs in both large and small bowel, but is most frequent at the ileo-caecal valve. It is frequently found after death in children who have died of nervous or intestinal diseases. In such cases, the intussusception is frequently directed upward against the normal peristaltic movement, whereas in life we find the apex of the intussusception always directed toward the anus, a point to be remembered at post mortem.

The diagnosis of the various kinds of obstruction must be made from the clinical history with the local examination. It is essential to determine whether strangulation is present, and with presence of the acute pain and associated uncontrollable vomiting which rapidly becomes fecal, no mistake should be made of this condition.

Acute peritonitis caused by perforation may resemble strangulation, but in the peritonitis you will have a more generalized, steady pain, the great abdominal tenderness, and the rise of temperature following the acute collapse.

Subacute obstruction is most frequently seen as the result of foreign bodies, of stricture, of adhesions, bands, or apertures.

Thrombosis of the mesenteric veins and acute inflammation of the pancreas may also resemble obstruction. A perforated appendix often causes intestinal obstruction. The inflammatory paralysis of the bowel is from a mechanical effect of adhesions about the appendix, but the local symptoms should overshadow those of obstruction. I have seen an acute obstruction suddenly develop upon a chronic condition. A malignant stricture of the large intestine has been known to oc-

*Read before the North Carolina Medical Society, Durham, N. C., April 18, 1916.

casion no symptoms until it becomes so small as to be blocked by an apple seed, causing acute obstruction with a fatal result.

Acute intussusception occurs in children under 10 years of age in 50 per cent. of the cases, and a majority of the 50 per cent. are under three years of age. In intussusception, tympanites is rare at first. A tumor will generally be felt in the iliac regions, sometimes to the right side, higher up. There is frequently a history of the administration of purgatives or of a colic. Most frequently constipation is present at first, but there may be a diarrhea, soon followed by frequent passages of mucus and blood, with tenesmus, a sausage-like mass, when in the large bowel can be felt, more or less fixed, but is movable in the small. A rectal examination sometimes reveals the apex of the intussusception, and occasionally it protrudes from the anus. Vomiting is usually present, which becomes fecal early.

Chronic intussusception is generally felt in the rectum, in the neighborhood of the transverse colon, sometimes in the sigmoid flexure, and usually has an acute beginning.

Fecal impaction is the most common cause of chronic obstruction in women, particularly in cases of hysteria and insanity. Stomach disturbances and constipation usually precede the attack. Symptoms develop gradually, although they may become as intense as the acute variety. The mass in the distended bowel may be distinctly felt, not tender, but doughy and dull on percussion.

Strictures and adhesions present chronic symptoms, progressing steadily to complete obstruction, with fecal vomiting. The fecal vomiting in these cases is a late symptom, and the abdominal distension is often extreme.

Cicatrical stricture usually has a history of preceding intestinal inflammation. There is slowly increasing constipation in stricture due to a malignant tumor, associated with gradually increasing attacks of obstruction lasting a few days. It may also be associated with vomiting and pain, then there may be alternating constipation and diarrhea, a tumor may be detected in the malignant cases and is generally small and rather uneven on its surface. Sometimes tender to the touch. Pus and blood are frequently found in the stools. In gall-stone impaction, there is usually an account of frequent gall-stone colic or an attack of local peritonitis, marking the time at which the gall-stones entered the bowel. Sometimes the stone is large enough to be felt through

the abdominal walls. The symptoms of these forms of obstruction are of the sub-acute type, fecal vomiting occurring late. Symptoms are sometimes intermittent, and gas is frequently passed per rectum.

History will give a clue to the cause of the true foreign body obstruction. Cases of obstruction with strangulation, caused by bands, diverticula, and apertures are most frequently seen in adults, and with a history of preceding hernia, peritonitis, or abdominal injury. Vomiting in these cases begins early. Constipation is absolute. Well marked tympany does not occur for three or four days. There is an absence of rectal tenesmus or tenderness, and there may be no tumor.

In volvulus, the vomiting is not marked and is seldom fecal. Tympanites begins at first in the occluded loop. When the volvulus occurs in the sigmoid flexure, it is generally in the male past middle age, with the history of constipation. The distension of the sigmoid may be so large in these cases as to almost fill the entire abdomen, thereby preventing the detection of any limited tumor. But as a rule, a tumor is felt between the navel and the left iliac region, with some rectal tenesmus. When the symptoms last longer than a few hours or a few days at most, in acute obstruction, the disease is said to be chronic. In simple obturation, the symptoms are almost wholly those due to the fecal current's interference. Such cases are usually due to gradual diminution of the calibre of the bowel until the fecal current can no longer pass. The appetite fails, nausea occurs, and the vomiting is first the contents of the stomach, next the duodenum, and at last the parts just above the point of obstruction. Violent peristalsis, accompanied by colicky pains and stiffening of the bowel above the obstruction is due to spasmodic contraction of its coats. The fermentation of the retained contents of the intestines produces the gases which may enormously distend the abdomen.

A very different set of symptoms result in strangulation of an intestinal coil from that of simple occlusion. In strangulation, the onset of pain is sudden and violent and spasmodic, or colicky, associated with depression and vomiting. All efforts to move the bowels are without result, except as to the part below the point of obstruction. At first, the discharges may contain feces and gas, but when the bowels are emptied, that stops. The peristaltic movements of the intestines are as a rule not visible, as they are in partial obstruction. The shock, or collapse, is thought to be the expression of

the reaction on the part of the nervous system and this may be profound. Perspiration and diminished amount of urinary elimination is found when the obstruction is high up. It is thought that the typhoid-like symptoms are due to resorption. Crile says "that death is due to the absorption of indol and skatol, two poisonous products of fermentation." He has shown that these products are slow in their effects, and for that reason the surgeon is unable to make a favorable prognosis under twenty-four or forty-eight hours, after operation. He has proven his experiment by taking the products from the loop of strangulated bowel and injecting them into healthy animals.

I will refrain from referring to the treatment of intestinal obstruction in this paper other than to say that the treatment is, in the largest percent, early surgical intervention, as statistics have clearly shown. Out of 288 cases of ileus studied by Naunyn, recoveries by laparotomy on the first and second day amounted to 75 per cent.; but on the third day only 35 to 40 per cent. could be cured by operation. It is practically impossible to tabulate statistics, on account of the variety of lesions and methods employed. In general, it may be said that in acute lesions in which operation has been performed within twenty-four hours of the onset, the prognosis is good. Beyond that time, prognosis is bad. Mortality, being due to delay in diagnosis, is, for the most part, in acute cases in the hands of the general practitioner. The mortality in chronic cases, for the most part, depends upon the selection of cases and the skill of the operator.

Bibliography.

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Report of Cases.

Case 1.—Mr. N., age 34, entered the Meriwether Hospital suffering from an acute intestinal obstruction, with strangulation, August 29th, 1915. Three days prior to entering the hospital, he was seized with a sudden colicky pain, a little to the right and a little below the navel, at the outer edge of the right rectus. The family physician was called and administered a dose of calomel, to be followed by salts. In the meantime, an enema was to be given, but the water was retained. The nausea and vomiting continued. The following day the family physician called again, found his patient still vomiting, abdomen distended with gas, ordered a dose of castor oil and

administered an enema himself, with no result. He made a diagnosis of peritonitis. The patient was sent to the hospital on the third day of his illness. Patient was suffering from great prostration, temperature 103, pulse 140. He was immediately carried to the operating room. A laparotomy showed that a loop of small bowel, about six inches in length and gangrenous, had been caught under a fibrous band, following an operation for appendicitis 12 years before. An examination of the caecum showed that he had a highly inflamed appendix, about five inches long, that was supposed to have been removed 12 years before. The operating surgeon failed to find the appendix at the time of operation, and also failed to inform the patient or his family. I am pleased to state that the original operation was not done in Asheville.

I did a resection of the loop of gangrenous bowel, with an end to end anastomosis. The patient made an uneventful recovery, leaving the hospital October 9, 1915.

Case 2.—Mr. C., age 38, seized suddenly with an acute colicky pain, with nausea and vomiting. Pain a little to the right and a little below the navel, at the outer edge of right rectus. Entered the hospital August 23rd, 1915, the third day of the onset of the disease. The attending physician made the original diagnosis of acute indigestion. Patient had no rise of temperature on the first day, no tympany. The morning of the third day, vomiting, which had been continuous, first emptying the stomach, next the duodenum, had become fecal. Patient had a temperature of 99 in the morning, pulse 135. By the time he reached the hospital, the patient was in profound shock, pulse 150, temperature 102½, mental condition cloudy, patient in extremis. He was immediately taken to the operating room and a light gas anaesthesia given, and a laparotomy revealed the fact that the entire ileum and the mesentery back and including the base of its attachment was strangulated, caused by a volvulus of the base of the mesentery, result of the ileum passing beneath Meckel's diverticula. A hurried examination showed that he was hopelessly inoperable. The patient was returned to bed and died four hours later. I am firmly of the opinion that obstruction was not complete on the first day, and that the strangulation did not occur before the end of the second day. And I am of the opinion that an operation in the first 24 or 48 hours might have saved the patient.

Case 3.—Male, 11 months old. Was

taken ill early in the morning September 1st, 1913, with vomiting and straining at stools, some mucus and blood being expelled through the rectum. The family physician was called and made a diagnosis of acute intussusception. A sausage-like mass could be felt at the time of the arrival of the physician, in the neighborhood of the hepatic flexure of the colon. Soap-suds enemas, oil enemas were administered with the hope of reducing the intussusception. In the afternoon, I was called in consultation, and found the sausage-like mass over in the left side, below the splenic flexure. The child was taken immediately to the hospital and a laparotomy revealed the fact that we had an intussusception with the small bowel passing through the colon, down to the sigmoid flexure. The intussusception was relieved. Strangulation was slight. The appendix was removed and the child left the hospital in 10 days.

A year and a half later this little patient had a recurrence of the intussusception, similar to the first. I was out of the city, another surgeon was called, who operated immediately and the patient recovered promptly.

Case 4.—Mr. S., age 28, entered the hospital in July, 1914, with a history of having had attacks of colic, beginning in the right side, for two years. The patient was emaciated and not able to take any food except liquids. A mass could be felt in the right iliac region, in the neighborhood of the caecum, extending toward the umbilicus. He had attacks of vomiting at frequent intervals for several months. History of constipation, bowels only moving when taking large purgative doses of medicine. There was marked tympany. The peristaltic wave of the small bowel was clearly visible. Borborygmus was very distinct above the mass.

After keeping the patient under observation for nearly a week, an exploratory laparotomy was done, which revealed the fact that in the right iliac fossa, down to the brim of the pelvis and up the right side to near the umbilicus, was one mass of adhesions, with anastomosis between the coils of adhered intestines. A resection of four feet of the ileum was done and a side to side anastomosis connecting the ends of the remaining ileum.

This operation was done on Friday afternoon and on Sunday morning following, patient had a bowel movement without a laxative. His bowels moved every day of the five weeks that he was in the hospital without medicine.

He left the hospital at the end of five weeks and is today working in a large

logging camp in one of our Western counties. He claims to have no trouble with his digestion and says that his health is perfectly good.

The specimen that I am exhibiting in this jar is the four feet of intestine removed in this case. I think you can see the holes in the side of the bowel where the anastomosis with another coil of the bowel took place. The cause of this extensive pathology showed to be the result of an abscessed appendix resulting in a local peritonitis, forming extensive strong bands of adhesions, tying the loops of the bowels firmly together, resulting in chronic intestinal obstruction.

DANGEROUS PATHOLOGICAL CONDITIONS DUE TO PENT UP LOCAL INFECTION.*

By Dr. I. W. and Yates W. Faison, Internal
Medicine and Diseases of Children,
Charlotte, N. C.

Mr. President and Members of the Medical Profession:

Today I will discuss some of the dangerous pathological conditions due to pent up infection, (Somes times called Arthritis deformans).

I will make this a semi-clinic, reporting seven cases that have come under my care, and through the kindness of Dr. J. W. Squires, will throw on the canvas the pathological conditions as shown by his X-ray machine at both the Presbyterian Hospital and Sanatorium, Charlotte, N. C.

Case I.—Mr. A.—Young lad 12 years old. Splendid family history. For first time, October, 1914, he began to suffer with pain in right knee, which gradually and steadily grew worse until he could not walk. January 1, 1915, a diagnosis of tubercular knee was made and fixation treatment with plaster paris at once commenced. This was persistently kept up until September, 1915, when he began to suffer similar pains in left knee. He was then brought to the Presbyterian Hospital where I saw him. I had the plaster removed. An X-ray picture of knee taken, which I show you on the screen. No disease of bone at all, except an atrophic condition of bone, due to salt absorption. The cause of the condition then was the first consideration. Both of his tonsils were enlarged and diseased. These were surgically removed, also found a bad root of a tooth in right lower jaw. This was extracted

*Read before the North Carolina Medical Association, Durham, N. C., April 19, 1916.

and cleaned out. His confinement had made him pale. He was put on full diet, massage and walking exercise as soon as possible. In two days his left knee was relieved of pain, so he discarded one crutch and in a few days the other and used a stick for some time. His right knee is still a little stiff, but he is in splendid physical condition.

Case II. Miss C.—15 years old and good family history. Came to Presbyterian Hospital with history of pains about her small joints for six months, also in her knees, ankles, fingers and back of neck, with an eruption for four months all over the body, especially about the flexures of her joints, over abdomen and between her fingers. Appropriate treatment cured the eruption in four days. The joint conditions and eruption had been placed at the door of innocent uric acid. X-ray showed no special arthritic lesions or tooth disease. Her tonsils had been removed, but high up under pillar on right side was a piece left about as large as the end of a thumb. This was carefully dissected out, was about the size of a large grape. Being opened was full of pus. Her pains rapidly ceased and complete recovery followed.

Case III. Miss C.—29 years old, school teacher. Good family history. Three years before this she had an attack of rheumatism, so called, lasting three months or more, which rheumatism never does. About a month ago another attack came on. She came to Presbyterian Hospital, pale anaemic, barely able to walk, with good deal of pain in her knees, elbows, back of neck, along the cervical spine and both meta-tarsal joints. Had suffered with repeated attacks of tonsillitis. They had been removed but not completely. Two tonsillar stumps, both full of pus were carefully and completely dissected out. The X-ray showed the peri arthritis condition of joints and the bad teeth with pus pockets, which I show you on the screen. The arch of her foot showed to be in perfect condition. As the peri arthritis did not give way and the pain stop as soon as she thought, she restlessly went out to Arkansas, Hot Springs. There she found a doctor who told her she had the flat foot and must wear an arch brace under her foot. This gave her some ease of course, but will certainly add to her chances not to get well. She came back poorer, but no wiser.

Case IV. Miss C.—45 years old. Tubercular family history. I could find no active tubercular conditions though. She came complaining of persistent pains

and stiffness in cervical spinal region and across the ileo-sacral joints. I examined urine and found it normal. Her teeth showed some beautiful work by a noted Northern dentist. He had gotten rid of the crowns of her right upper teeth and fastened screws down in the roots and put pretty crowns on them. The X-ray showed, as you see on the canvas, the awful conditions of these roots and the alveolar sockets. The dentist in Charlotte took off the crowns, cleaned out the screws and first tried to save the roots by filling them and then put a super structure of teeth over them. The second picture shows the failure of such treatment. He then took out the roots and masses of soft bone, also a part of the alveolar process had to be removed. They rapidly healed and the pains left as the improvement progressed. She also complained of steadily losing her sight. This began to improve also, and after two months was good enough to cease to worry her. At the end of two months in my office she made the most startling statement. "For a long time she said she had been depressed and worried beyond measure on account of always being sleepy. Had given up theatre going, church attendance, in fact everything, and shunned the company of her friends. She had consulted eminent men in our profession in the largest Northern cities to no benefit, so she felt so helpless that she did not relate the symptoms to me, for which I am grateful. Now doctor I want to say that you benefitted me beyond my hopes of this condition and that without knowing. I now can stay awake, can go to any public assembly, to theatre, to church, and enjoy the company of my friends like other people. How did this happen?"

Case V. Mr. D.—Merchant, 52 years old. Good family history. Between twelve and fifteen years of age he had a severe attack of Rheumatism. I asked him if he recalls that during that time he suffered with tooth ache. He vividly recalled the fact. Stated that he had two or three teeth extracted for the tooth ache, that his Rheumatism soon got well, but of course in that day no connection was made between the tooth ache and his Rheumatism. Now I think there was. He was then free from Rheumatism until a few years ago. He has spent some time at the Hot Springs in North Carolina, showing no improvement. He then went to Hot Springs, Arkansas. Went through a series of 62 baths, with absolutely no benefit. February, 1916, he came to see me and went Charlotte

Sanatorium. I had his tonsils examined at once. Both badly diseased and pus pockets through and under them. They were thoroughly and carefully dissected out. The X-ray showed a marked peri-arthritis at the tip of right shoulder joint so he could not get his arm up. Four bad teeth with pus pockets and necrosis of alveolar process. The pictures of this condition I show you on the screen. These teeth were extracted and the processes treated and cured, and his teeth fixed by a very competent dentist. He was put on a full diet of every kind of food, with bar exercise for shoulder joint, to work in garden and store. His improvement has been wonderful.

Case VI. Mr. D.—50 years old, a mechanic. Was a very strong, active man until 15 years ago. Was caught in an ascending elevator and almost crushed to death. Two years after this he began to complain of pains in his back. For six or eight years this went on, with increasing pains and with abundant pus in his urine. Two years ago or more he came to see me. He was then stiff and ankylosed all the way along his spine. Examination of urine showed so much pus that I sent him to Dr. J. W. Squires and had an X-ray picture made of his kidney, finding his right kidney with its parenchyma and interstitial tissue almost destroyed with the capsules full of stones and pus. The secretion test made and found the other kidney healthy, so the diseased one was removed. His health rapidly improved. From this focus the toxins were generated that produced the hypertrophic arthritis or chronic spondylitis, or spondylitic arthritis deformans. The pictures as shown on the screen show beautifully the locking condition of the joints all along the spinal column. Who can doubt the fact now if this pus kidney could have been removed in time and before this fixation period had come on, that this man too could have gotten well.

Case VII. Kiss K.—Age 31. Professor in a noted college for women. In the spring of 1914 she began to suffer with pains in the joints of her fingers, ankles and knees. The diagnosis of rheumatism was then made and so treated, with a reduced diet and stoppage of exercise. She steadily grew weaker and less able to move around. June, 1914, she came to see me. I must confess that at that time I did not really take in the situation and full effect of her sickness. Still under a full diet and massage and Bier's hyperaemic treatment, she improved, and went home in two weeks. January,

1915, she began to suffer more than ever with her joints. She wrote me and I advised her to go and have her tonsils examined and removed, if found diseased. In a few days she wrote me that her tonsils had been removed, but instead of improving was growing worse, but that Aspirin would help her so she could bear it and she could not give up her work in her school. June, 1915, she came back to Sanatorium with a diagnosis of Arthritis deformans, with the prognosis that nothing could be done for her to benefit her,—that she would eventually have to go to the rolling chair, to be stiff and drawn in her hands and feet and totally unable to walk or care for herself, and eke out a long, unhappy and miserable life. She was now one of the most miserable, abject women I ever saw—a woman of fine birth and blood, with a generous education, a professor in a high grade woman's college, just thirty-one years old, with apparently all hope gone and life not worth the living. I found both jaws so stiff she could not open her mouth to eat, but had to drink liquids—both elbows so stiff and painful she could neither dress herself, feed herself nor comb her hair. Both knees and both ankles and metatarsal joints so stiff she could scarcely walk; severe pains in her cervical spine and shoulder joints; weak, thin and anaemic, weighing 91 pounds. The only thing about her at this time that could give you a ray of cheer was her hope. With all this, she with her pathetic look and plaintive voice, said "Doctor, do your best and give me a chance and I will get well." No doctor could have more incentives to do than I at that time. Since I first saw her, new ideas and hopes had entered my mind in these cases and I had waked up to the fact that things could be done. So I accepted the situation and began a formidable attack on her conditions. We finally got her mouth open so we could get to her tonsils, and found stumps left in both tonsils, both full of pus. These were carefully and completely dissected out and the foci cured. I then had X-Ray pictures taken and found her teeth in very bad condition,—which I show you on the canvas. The upper right first molar was an old root with a screw in it and a crown set on it, the root decayed and pus all around it and the alveolar process necrosed, also the tooth just under it and one of her front teeth also very bad. These were extracted and kept clean and cured, and teeth put back so as to do no harm. Now the work of getting rid of the peri arthritis began in dead earnest. She ran a little tempera-

ture and good deal of pain still. I began with combined vaccines of streptococi, staphylococi, and communis coli (made at Lederle Laboratory) every other day, commencing with 40,000,000 and increasing every dose to 400,000,000. I think this benefited some. The fever disappeared, also the pains got better. I am not so sure today of how much they were worth. I gave her hot baths every day with doubtful benefit. Massage and exercise of joints did more good. I used the electric vibrator with some little comfort, but doubt any other special good. I gave her bitter tonic,—iron, strichnine and arsenic. I forced her feeding to 3,000 to 4,000 calories a day of every kind of food that she could desire. I used the Bier treatment applied above the knees and elbows, commencing with half hour and increased it to eight hours a day and did this during the night so I could make her walk about in the day time. I commenced her walking at once, first between two nurses, then one, then a stick and then alone. It was not long before she got out on the street and up town to moving pictures. The bright rays of life began to creep in and whip her to greater efforts as well as me. The improvement was gradual, but wonderful. In two months she went home able to dress, to feed and clothe herself. She began to gain in weight and spirits. A few days ago she wrote: "Today I am practically a well woman. Have not taken a dose of aspirin in six months. I weigh 116 pounds. Practically free from all pain. I play tennis every day, the weather permitting. I can and do walk five miles on a stretch every day. I can mount my horse and ride wherever I please. I sleep like a child. I expect to go back to my college work in September." Was it worth the while?

Conclusions.

What does all this mean to us as medical men? You at once see that I have shown you cases of arthritis, but in another way. I am now persuaded that in just a little while in the future the nomenclature of these conditions will undergo very great changes. Even now does the word "Rheumatism" mean anything to you? It does not to me. I think I will live long enough to see the advanced men in medicine drop it. Rheumatic fever now takes its place and even a better word than that can be used. The nomen chronic rheumatism ought to be discarded now, because no such disease exists.

Arthritis deformans can be held simply to mean an anatomical distortion, but no more. It means nothing else. There are other forms of existing Arthritis, but I will not have the time or inclination to mention them.

The old saying that holds good as to children, that no child is examined until you look well in the throat, is no better or truer than that no adult is thoroughly examined until you examine the teeth. If there are any doubtful ones, have X-Ray pictures made, as I know you surely can go wrong by trusting only your eye sight. The time is now when the doctors must look after the teeth more than they did, and insist on certain lines of treatment by the dentists. Beautiful work is not always safe work, as you saw in my cases. They must open their minds and act as men and when a root is diseased and can't be completely cured, they must be bold and honest enough to pull them out and not cover them over with a \$15.00 crown and praise the beautiful work when the focus is made by him to ruin his patient.

I have shunned pyorrhea purposely in this discussion.

I feel I must say something to men who are removing tonsils. First, don't remove a tonsil unless it is diseased. If you do remove it, take time and do it as a regular surgical operation. Don't by carelessness and hurry cut the pillars or any of the anatomical tissue about it. Dissect out the capsule in its entirety, so no stump can be there as a focus for such awful conditions as I have shown you. Don't be weak enough or ignorant enough, if your patient comes back in two or three years for removal of the same tonsils to say that they have grown back. If you will take time and dissect out completely the tonsil and capsule, the tonsil cannot grow back.

In Case 2, you see that only a small piece of tonsil was the focus. Case 4, the pus kidney was the focus. In all the others the tonsils and teeth both were the foci. A pus pocket in any other part of the body will cause same results, whether in an old gall bladder or old chronic empyema or a bronchiectasis.

THE IMPORTANCE OF EMPLOYING COUGH TO ELICIT LATENT RALES IN PULMONARY TUBERCULOSIS.*

By S. W. Thompson, Jr., M. D., Sanatorium, N. C.

No one physical diagnostic sign in early pulmonary tuberculosis is of equal value with the rale. In fact, the rale is so important that as a rule more importance should be attached to its presence than all the other signs combined. It can be elicited by anyone familiar with a stethoscope by using the proper procedure. It reaches its greatest efficiency only after cough is employed, as I shall attempt to show.

The following statistics were obtained from a study of 1,638 chest examinations of 498 patients at the North Carolina Sanatorium for the Treatment of Tuberculosis. The 498 cases were distributed as follows: 81 incipient cases, 225 moderately advanced cases, and 192 far advanced cases. The 81 incipient cases had a total of 261 chest examinations. In 39 of these examinations no rales could be elicited after deep breathing or at any time during the respiratory cycle, even when cough was employed. Of the remaining 222 examinations, rales were elicited in 74, or 33 1-3 per cent, after deep breathing and cough. Rales were elicited after cough only in 148, or 62 2-3 per cent.

The 225 moderately advanced cases had a total of 830 examinations, in three of which no rales could be elicited after deep breathing or cough. Of the remaining 827 examinations, rales were elicited in 643, or 80 per cent., after deep breathing and cough. Rales were elicited after cough only in 184, or 20 per cent.

The 192 far advanced cases had a total of 547 examinations. Rales were elicited in 509, or 93 per cent., after deep breathing and cough. After cough only in 38, or seven per cent.

Even this does not show the full value of employing cough to bring out the "latent rale." Because frequently when rales could be elicited after deep breathing in only a limited area of one lobe, employing cough would bring out rales over the entire area of two to three lobes; and in almost every instance the number and area of distribution of rales was increased. In no instance could constant rales be elicited over any area after deep breathing that could not be elicited after cough. The rales produced after cough

were more distinct and clear. Especially was this true in the 81 incipient cases. It is readily seen that the percentage of examinations showing rales only after cough was highest in the incipient cases, next in the moderately advanced cases, and last, or lowest, in the far advanced cases.

Right here I wish to state that in taking the histories of these cases the two statements by the patient that startled me most were that they did not know whether or not they were bottle or breast fed infants and that their physician employed cough in making a chest examination. This prompted me to select this subject.

Method of Procedure.

All clothing from waist up of patient should be removed. In case the chest being examined has a heavy growth of coarse hair, vaseline or some oil may be applied with advantage. After going through the usual procedures, namely: inspection, palpation, percussion and the usual auscultatory procedures, the patient should then be instructed to exhale, cough, and inhale. The expiration should be a natural one, very little if any force being employed. The cough should be slight and single and not intense or explosive in character. The inspiration should be deep and forced, but not exaggerated. The real value of cough depends on the time of insertion during the respiratory cycle. The time at which the patient usually attempts to cough is towards the completion of inspiration; this is wrong. The proper time to insert the cough is at the end of a natural or slightly forced expiration. Rales are heard best towards the completion of inspiration.

One difficulty encountered in the procedure is the patient will often attempt to take a short, jerky inspiration after expiration before coughing; this should be avoided. This can frequently be overcome if the examiner will go through the procedure and have the patient follow every phase. Cough of course should not be employed in case of recent hemorrhage, acute abdominal conditions, etc.

I accept the commonly accepted theory that the rale is produced when the collapsed walls of the alveoli and smaller bronchioles in the atelectatic areas are being separated. Therefore the greatest number of rales would of course occur at the completion of inspiration, when the volume of air in the lungs is greatest.

An excellent article on this subject by Bray appeared in the March 11, 1916, issue of the Journal of the American Medical Association, and I heartily commend it to your careful study.

*Read before the North Carolina Medical Society, Durham, N. C., April 20, 1916.

THE DIFFERENTIAL DIAGNOSIS OF TUBERCULOSIS.*

By P. P. McCain, M. D., Sanatorium, N. C.

Nothing aside from prevention is so important in the fight against tuberculosis as an early diagnosis. But in spite of its importance only about fifteen or twenty per cent. of the one and a quarter million cases in the United States are diagnosed in the incipient stage. This is due not so much to the fact that patients don't apply for diagnosis and treatment until the disease is past its incipency as to the failure of the profession to make the diagnosis until the patient is beyond the curable stage. This statement is corroborated by the experience of other sanatorium workers, and it is all the more serious when a close study of the situation reveals the fact that this failure to make an early diagnosis is due very largely to carelessness, to a failure to employ all the ordinary methods which are within the reach of every physician. The four essentials in diagnosing tuberculosis are a careful history of the case, a proper temperature record, a sputum analysis and a physical examination.

Ford† has made a very painstaking investigation of the methods used in diagnosing tuberculosis in the first 1000 patients admitted to the Gaylord Farm Sanatorium. He found that they had consulted 1940 physicians and that only 7 per cent. of this number made a chest examination, took the temperature and examined the sputum.

It is with the hope of stimulating the profession to greater vigilance and more painstaking efforts in locating early tuberculosis that I have chosen the Differential Diagnosis of Tuberculosis for the subject of this paper.

But before taking up my subject proper, I wish to emphasize the need of and the correct use of these ordinary means at our disposal for differentiating tuberculosis from other diseases.

An accurate history is very important, and a synopsis of the most prominent symptoms and of the course of the disease should always be recorded. Some authorities claim that a good history is of as much value as the physical examination. Oftentimes one will obtain a history of hemorrhage, pleurisy, anal fistula or other symptoms, probably dating back for years, which are in themselves almost pathognomonic of tuberculosis.

In early tuberculosis the sputum examination rarely reveals the tubercle bacillus. Sanatorium records show that

from 70 to 80 per cent. of incipient cases negative finding. So that unless it is positive, a single sputum analysis is of little diagnostic value. The physician who will rule out tuberculosis because of one negative sputum examination is criminally negligent of his patient's life. But it is of extreme importance that whenever any expectoration is present that it be examined, because a positive finding will confirm the diagnosis. And in case of a negative report, it cannot be emphasized too strongly that at least five or six examinations should be made on successive days and the procedure repeated every month as long as the expectoration continues or until the bacilli are found. Our State Laboratory of Hygiene, under the competent supervision of Dr. Shore, will make the examination free of charge, and the profession is urged to avail themselves of the opportunity it offers.

There is nothing in all the realm of medicine more characteristic than the subnormal or normal morning temperature with the afternoon or evening rise in active tuberculosis. To such an extent is this true that the thermometer, properly used, is all that is needed in the large majority of cases to make a diagnosis. It is only natural that tuberculosis should often be confused with malaria and typhoid fever when the physician has no record of the temperature save at the time of his daily afternoon visit. If he would spend only a few minutes in teaching someone in the home how to take the temperature and have it recorded every two hours, the characteristic curve in tuberculosis would make clear the true nature of the disease.

No chest examination is worthy of the name unless the patient is stripped to the skin above the waist line. The examination should be systematic, and the various methods of inspection, palpation, percussion and auscultation should be applied each in its turn to the whole of the chest. One frequent source of error consists in having the patient only open his shirt instead of removing it and in limiting the examination to the front of the chest. If there were a likelihood of one's house being on fire, who would be satisfied with anything short of a thorough search of the whole house, that the fire might be located and extinguished before the flames should become uncontrollable? The victim of tuberculosis has not simply his property, but his life at stake, and can we as guardians of his health and of his life put our consciences at rest until we have made a careful search over the whole of his chest both front and back

*Read before the North Carolina Medical Society, Durham, N. C., April 18, 1916.

either have no expectoration or show a irregularity.
for every possible focus of infection?

The most important feature of the chest examination and the one most frequently neglected is to have the patient cough. It is during the deep inspiration following the cough given at the end of expiration that adventitious sounds in tuberculosis are most frequently elicited. Oftentimes this cough will reveal rales in early tuberculosis when all the other findings are normal.

Let me repeat that the difficulties arising in differentiating tuberculosis from all other diseases is usually obviated by a careful use of these four methods which are within the reach of everyone. It will be taken for granted in the references to these various methods in the following pages that they are made use of as outlined above.

Tuberculosis is probably more often mistaken for malaria than for any other disease. This is especially true in cases of early tuberculosis in which the cough is not pronounced and in cases in which the most noticeable symptoms are anorexia, lassitude, slight loss of weight and strength, slight fever and perhaps chilly sensations. The diagnosis of malaria in such a case is easier and more agreeable for the physician and it satisfies the patient, for the time being, at least. Yet this is the most inexcusable of all mistakes in the diagnosis of tuberculosis; for no case of questionable symptoms should be called malaria until the parasites are found in the blood. It is distressingly common for patients coming to sanatoria for tuberculosis to give a history of having been treated for malaria oftentimes for months when no blood examination had been made and when their condition had been steadily progressing beyond the stage at which the disease could be cured or arrested. It may require repeated examinations, but the parasite in every form of malaria can almost always be demonstrated.

The State Laboratory of Hygiene will make the examination free of charge and will send instructions, when this is desired, for obtaining the blood.

But even aside from the blood examination it should rarely be very difficult to differentiate the two diseases. A temperature record will reveal the characteristic subnormal morning and elevated afternoon or evening temperature in tuberculosis. In typical cases of malaria the temperature preceded by the chill and followed by the sweat is just as characteristic, and even in atypical cases it can usually be distinguished from that of tuberculosis by its greater

The presence of cough and expectoration, even when repeated sputum examinations fail to show the tubercle bacilli, adds weight to the evidence in favor of tuberculosis. The sputum should of course always be examined, and a positive finding will make clear the diagnosis. A careful physical examination will usually reveal a pulmonary lesion in tuberculosis, while in malaria the chest will be clear but the spleen will be enlarged.

The therapeutic test is at times of value in excluding malaria. Osler says that any fever which resists quinine properly administered for four or five days is not malarial in character. But quinine may lower the fever in tuberculosis also, so that the test should be considered only an aid in the diagnosis.

Malaria and tuberculosis often coexist, and even an unmistakable diagnosis of the one disease should not blind us to the existence of the other.

Uncomplicated bronchitis, either acute or chronic, is one of the easiest of all diseases to diagnose. But there is so frequently a tubercular process present also that extreme care should be exercised in handling every case to insure against overlooking a coexisting tuberculosis. Brown[‡] expresses it correctly when he says, "In all cases of chronic bronchitis of whatever kind the most important question is whether the condition is not a variety of, or at least a combination with tuberculosis."

In simple bronchitis both acute and chronic the severity of the cough is out of proportion to the constitutional symptoms. In the chronic form there is rarely any fever and in the acute form it usually lasts only three or four days. In spite of the annoying cough and abundant expectoration the patient's general health continues fairly good, he loses little weight or strength and his appetite and digestion are unimpaired.

Physical examination in bronchitis reveals a great variety of sibilant and sonorous rhonchi and oftentimes also both dry and moist rales scattered over both sides of the chest both front and back, with a tendency to be more numerous at the bases; while there is, on the other hand, in tuberculosis a greater tendency for the lesion to be localised, unilateral and situated at the apices, the rales being fine or medium coarse in character. Unlike tuberculosis, too, bronchitis rarely causes any change in the symmetry of the chest, in the percussion note, in the vocal resonance or in the respiratory sounds.

Thorough and oft-repeated examinations of the sputum must be made before tuberculosis can be ruled out. The sputum should also be tested for albumin. Its presence is strongly suggestive of tuberculosis, while in chronic bronchitis it is never found. This is a test which any physician can make in his office and should be in more general use.

There will be an occasional case in which even after all the ordinary methods have been properly employed for making a diagnosis there may still remain some doubt as to whether or not tuberculosis is present. Under such conditions the X-ray and probably the tuberculin test should be used.

It is frequently very difficult to differentiate bronchopneumonia from tuberculosis, and especially is this true when it develops in the course of or follows influenza, acute bronchitis and other infections. And it is in acute tuberculosis, in which the temperature has a tendency to be continuous, where the greatest difficulty lies in differentiating the two diseases. But even in this form the morning drop is more marked than in bronchopneumonia. The latter is more common in children and the aged, while acute tuberculosis is more common in young adults. Since it is positive in miliary tuberculosis, the diazo reaction will at times clear up the diagnosis. The sputum examination and the course of the disease are at times our chief reliance in making a diagnosis. Brown[†] says that bronchopneumonia in an adult should always be considered as possibly tuberculous, even when sputum is absent.

The careless physician might easily mistake active tuberculosis for typhoid fever. If he takes the temperature only during his afternoon visit, if he makes no blood or sputum tests, and makes only a superficial examination of the chest, the picture in tuberculosis is not very different from that of typhoid. But a careful employment of these procedures will, in chronic tuberculosis practically always differentiate the two diseases. And in view of the fact that the dietary is so different, it is most important to make the diagnosis as early as possible, since the forced feeding in tuberculosis may prove fatal to a typhoid patient, while the restricted diet of typhoid fever may allow a patient with tuberculosis to become progressively worse.

The most careful physician will often experience the greatest difficulty in differentiating typhoid fever and miliary tuberculosis. The greater irregularity of the temperature, the more rapid pulse, the increased respiration rate and the

more marked cyanosis will all point to miliary tuberculosis. A blood culture, the Widal test and the sputum analysis may give the needed light. An examination of the spinal fluid may show the presence of the typhoid or tubercle bacilli and an examination of the eye grounds may show choroid tubercles. Fortunately, miliary tuberculosis is rare and we are rarely called on to distinguish between the two diseases.

In influenza there will be an occasional case in which the recovery will be slow and in which the physical signs may persist in the chest much longer than is usual. In view of the fact that influenza often causes a latent tubercular focus to become active, it may be very difficult to tell whether the signs are due to influenza alone or to an awakened tuberculosis. But such a case should be regarded with grave suspicion and treated as tuberculosis until the temperature curve, repeated chest and sputum examinations and the course of the disease make a definite diagnosis possible. In afebrile cases it may be necessary to resort to the tuberculin test.

Bronchiectasis is comparatively rare, but it may simulate chronic tuberculosis with cavity formation. In bronchiectasis the cavity is usually nearer the bases or in the upper part of the lower lobes behind, and in tuberculosis it is more frequently near the apex. Bronchiectasis is usually unilateral and cavity cases of tuberculosis almost always have lesions in both lungs. The general symptoms are much less marked in bronchiectasis, fever as a rule being absent. The sputum is raised largely at intervals and is very abundant and foul smelling. On standing it separates into three layers, an upper of dirty froth, a middle of muddy looking serum and a lower of thick sediment. Even when bronchiectasis is undoubtedly present the sputum should at intervals be examined repeatedly for tuberculosis since they may coexist.

It used to be considered that asthma and tuberculosis antagonistic, but this is now known to be a mistaken idea. Either disease may develop in the course of the other and they often coexist. The sputum should be carefully examined for tubercle bacilli in every case of asthma, and between the asthmatic attacks the chest should be thoroughly searched for possible tuberculous foci.

In pulmonary syphilis the history of the initial lesion, the presence of lesions elsewhere, the therapeutic test of the iodides, and the Wassermann reaction will serve to differentiate it from tuberculosis. Even when tubercle bacilli are

found in the sputum, every patient who gives a luetic history should have a Wassermann made so that if active syphilis is also present both conditions may be treated together.

Pleurisy with effusion and pneumothorax are so nearly always of tuberculous origin that they should be treated as such. Lobar pneumonia, pulmonary malignancy, lung abscess, infarct, gangrene, actinomycosis and other rare conditions may in some respects simulate tuberculosis, but time does not permit their discussion in this paper.

Since tuberculosis is many times the most common of all diseases and since it is responsible for one-tenth of all the deaths and about one-third of all the sickness in the human race, let me urge in conclusion that the profession adopt an attitude toward the great white plague of eternal vigilance and suspicion, and always eliminate tuberculosis before making any other diagnosis.

References.

† Ford, James S.: The National Association for the Study and Prevention of Tuberculosis, 1915.

‡ Brown, Lawrason: Modern Medicine, Osler and McCrae, Vol. 1, chapter 6.

PITUITARY EXTRACT.*

By K. P. B. Bonner, M. D., Morehead City, N. C.

Pituitary extract is an aqueous solution prepared from the infundibular portion, or posterior lobe, of the pituitary body of the brain. The source of supply is from animals freshly slaughtered. This extract is entirely free from color and proteid matter. Its activity is determined by physiologic tests,—both upon the blood pressure and uterine muscles. The extract is marketed by the pharmaceutical firms under various trade names but all are practically identical in action.

Dose. The dose is from eight to sixty minims "per oram" with possibly thirty minims as a limit by hypodermic.

Administration. While the extract is readily absorbable from the alimentary canal, more prompt and certain action can be obtained by subcutaneous injection. If necessary to repeat the dose, great caution should be observed in order that too violent action may not occur.

Physiological Action. It is a circulatory stimulant and markedly raises blood pressure. It is, also, a stimulant to involuntary muscle fibres particularly those of the intestines and genito-urinary tract. In fact, pituitary extract seems to

have a selective action upon the muscular tissue of the uterus.

Contraindications. Nephritis, on account of the marked rise in blood pressure, myocarditis and arteriosclerosis for the same reason. In obstetrical work, pituitary extract is contraindicated in cases of contracted pelvis or where any mechanical obstruction exists, in threatened rupture of the uterus and in primiparous cases. I have yet to see the first case of primipara benefitted from the administration of the extract. In the case of a potent agent as pituitary extract certainly is, harm can only result if no benefit is obtained. This statement is based upon repeated trials of the remedy in these cases.

Therapeutics. Pituitary extract is indicated in endometritis, metritis, uterine hemorrhage from various causes including post-partum hemorrhage. It has a mild diuretic action and is indicated for this purpose particularly after labor and abdominal operations in which we have co-existent a relaxed condition of the bladder walls. In intestinal atony with an accumulation of gas and faeces, prompt relief follows the administration of fifteen minims by hypodermic.

I have purposely reserved until the last the chief use of pituitary extract and which makes it one of the most valuable pharmaceutical remedies that the profession possesses to-day,—its use in the practice of obstetrics. It was the one essential necessary to idealize the practice of obstetrics and make the physician of greatest service to his patient and to be most helpful,—for that is only what service is. For the woman in travail, this remedy is the greatest discovery since the introduction of antiseptics and asepsis. We now have at our command the four means necessary to perfect the management of labor. First is the forceps in cases of dystocia. Second is antiseptics and asepsis to prevent infection. Third is anaesthetics to relieve the pangs of labor. Fourth is pituitary extract to terminate the labor that is unnecessarily long, tedious and punishing to the mother and where the uterine contractions have practically ceased for no apparent valid reason.

The evolution of the science of medicine is no better illustrated than in the above four agents used in the practice of obstetrics. First the profession recognized the dire need of an appliance that would insure the delivery of the mother in those cases where she could not relieve herself and the forceps came into being. Next, after forceps were perfected, medical science became aroused to the fact

*Read before the North Carolina Medical Society, Durham, N. C., April 20, 1916.

that when the mother was delivered her danger had only begun, due to the dread puerperal infection, then came antiseptics and asepsis. With these first two agencies in the field, the preservation of the life of the mother and child was assured. What was the more natural step to be taken next than that of casting about for means of making the terrible ordeal of labor more bearable to the mother and relieve her sufferings at this time? Who of you can name a more grateful patient or one who is more appreciative of each pain relieved than that of the woman undergoing the pangs of bringing her offspring into the world? Could any such gratitude and appreciation come except as a result of great suffering? Who of us would not do all in our power to minimize the sufferings of a woman at such a time? The last two means were the ones designed to cover this very need. Anaesthetics to relieve the agony and incidentally to be a very valuable agent to relax the perineal muscles; pituitary extract to hasten labor and counteract any tendency to uterine inertia which might result from the use of anaesthetics or other causes. Anaesthetics, also, control any over violent uterine contractions caused by the pituitary extract that might result in rupture of the uterus. Undoubtedly this is an ideal combination for the relief of this dread ordeal and are designed to go hand in hand. Who of you have not repeatedly heard at the bed-side of the woman in labor and suffering from well marked uterine inertia,—“Doctor, please do something. I am so tired and worn out that I feel that I can never deliver myself?” Does not such an appeal touch you? The last two remedies are the solution of this problem and if used, the need of forceps becomes rare.

A study of my obstetrical records reveals some startling facts that should convince even the most sceptical. Prior to the use of pituitary extract in the management of labor the average time required in attendance on the mother before the birth of the child was four hours. Well sprinkled in among my cases was many cases of uterine inertia that I was forced to sit by and see drag slowly along to its termination with an utter helplessness on my part to interfere. The inertia in all of these cases was not enough to justify the use of forceps. Finally a case of breech presentation nearly resulted in the death of the baby. This experience resulted in the trial of pituitary extract of which I had heard frequent praise but had never used. The results obtained far exceeded my expectations. The com-

parison is most striking. In a series of forty-three multiparous cases since October 29th, 1911, in which pituitary extract was administered, delivery was affected in an average time of twenty-two minutes. The shortest time recorded was four minutes and the longest two hours and two minutes. The tardy action of the latter was undoubtedly due to a stale or inert preparation of the gland as age has this effect on it. Based upon observation, it is best to defer the administration of the product until the os uteri is partially dilated or dilatable. The intelligent use of this remedy is productive of great good and will spare the mother many pains and much time and incidentally the doctor many anxious moments.

The Best Evacuant.

The greatest care should be used in prescribing an evacuant to guard against the tendency of many cathartics to cause a binding after effect. *Pil Cascara Comp.*—Robins stimulates a flow of secretions thus encouraging a normal physiological evacuation; normalizing peristaltic action instead of inhibiting it as so many evacuants and cathartics do.

They contain no *Strychnia* to poison no *Belladonna* to dry the secretions or abnormally dilate the pupils—nothing to injure your patients.

They are suited to all conditions, requiring more or less alimentary stimulation. No unpleasant symptoms develop from continued use.

A trial the most convincing argument.

On request, A. H. Robins Co., Richmond, Va., will cheerfully send you liberal samples. ad-12-16

“I prescribe *Tongaline* very frequently as a remedy for excess of uric acid, which is often the cause of rheumatism, and it is my sheet anchor for that condition. I also find *Tongaline* very beneficial in muscular pains due to a sluggish liver and inactive bowels. When a patient comes to me complaining of soreness all over, I place him upon *Tongaline* and it has never disappointed me.”

“*Tongaline Tablets* have given my wife quicker relief for rheumatism, with which she is frequently afflicted, than any other remedy. *Tongaline Liquid* is one of the principal ingredients in all my prescriptions for rheumatic and neuralgic complaints. Furthermore I find it very efficacious for a rheumatic condition which I acquire as the result of exposure from riding.”

Letter From W. B. Saunders Company.

The following will explain itself:

"June 6, 1916.

"Editor Charlotte Medical Journal,
Charlotte, N. C.

Dear Sir:—We enclose a notice regarding a young man who is going around the country swindling the medical profession. This party is very unscrupulous and will take orders for books and subscriptions to any journal, giving the doctor a receipt in full and skip with the money. He has been very successful and although several firms are trying to catch him, he seems to jump around from town to town so quickly he has not been apprehended.

As a publisher of an important medical journal, we thought you would be interested in the matter and possibly like to insert some warning in your Journal about him. We know you do not want the physicians in your section to be swindled and for the good of all concerned, we hope you will publish a warning.

We have investigated the whole matter very carefully and can assure you that the Societies this young man is supposed to represent do not exist and that the whole thing is a fraud, pure and simple.

If you do publish a warning we should be very glad, indeed, if you would send us a copy.

Yours very truly,

W. B. SAUNDERS COMPANY."

Warning.

We are advised that a very clever swindle is being worked by a young man calling on physicians in various sections of the country. He is fraudulently soliciting orders and collecting money for subscriptions to medical journals and for medical books published by various firms. He usually represents himself as a student, working his way through college and trying to get a number of votes to help him win a certain contest. He sometimes uses the names of L. D. Grant, H. E. Peters, R. A. Douglas and F. C. Schneider and he usually gives a receipt bearing the heading of some Society or Association, such as United Students Aid Society or Association, the Alumni Educational League; the American Association for Education, etc.

The description given of this swindler is: young man of the Jewish type, rather slender, with very dark hair combed straight back and shows his teeth plainly when talking.

The whole scheme is a fraud. The Societies mentioned do not exist. The idea is to collect money by offering special discounts and prices on medical books and journals and skip with the money.

This young man does not represent W. B. Saunders Company, whose name he frequently uses. He is a fraudulent subscription agent and physicians, generally, should be on the lookout for him.

A Notable Germicide.

It is becoming more and more apparent, as time passes, that in Silvol we have a germicide of uncommon useful membranes. The indications for Silvol include conjunctivitis, corneal ulcer, trachoma, rhinitis, sinus infections, otitis media, pharyngitis, tonsillitis, laryngitis, gonorrhea, cystitis, posterior urethritis, vaginitis, cervical erosions, endometritis, etc.—all infections, in short, in which a silver salt is applicable.

Silvol would appear to have a number of advantages over most of the other proteid-silver compounds. It is freely soluble in water. While an exceptionally powerful antiseptic, it is non-irritating in ordinary dilutions. Silvol solutions are not precipitated by proteids or alkalies or any of the reagents that commonly affect other silver compounds in solution. They do not coagulate albumin or precipitate the chlorides when applied to living tissue.

In the treatment of acute inflammations of mucous membrane, Silvol may be used locally in solutions as strong as 50 per cent. with very little pain or irritation. In inflammatory affections of the ear, nose and throat it may be used in 5-to-40-per-cent. solution, and for irrigating sinuses a 2- to 5-per-cent. solution may be employed with benefit. For inflammatory conditions of the eye and conjunctival infection with pneumococci and staphylococci, a 10- to 40-per-cent. solution may be applied with benefit three times a day. In acute gonorrhea, as an abortive measure, a 20-per-cent. solution should be injected every three hours, while in the routine treatment the injection of a 5-per-cent. solution three times a day is recommended.

Silvol is a Parke, Davis & Co. product. It is supplied in ounce bottles and in bottles of 50 capsules, each capsule containing 6 grains; also in ointment form (5-per-cent. Silvol) in collapsible tubes containing approximately $\frac{1}{8}$ ounce and $\frac{1}{4}$ ounces.

Charlotte Medical Journal

Published Monthly.

EDWARD C. REGISTER, M. D., EDITOR

CHARLOTTE, N. C.

CONJOINT MEETING OF THE NORTH CAROLINA STATE BOARD OF HEALTH AND THE STATE MEDICAL SOCIETY.

The State law which provides for the organization of a State Board of Health recognizes the peculiar interest of the medical profession in public health and gives the State Medical Society the privilege of electing four of the nine members of the Board. This gives the State Medical Society 45 per cent. direct control of the Board of Health. In addition to this direct control, the Governor in appointing the other five members of the Board has always appointed four physicians in good standing in the State Medical Society, so that, directly and indirectly, the State health work has been placed very largely under the direction of the State Medical Society. For this reason, the Board of Health is required to make an annual report of the work of the Board to those whom, under the law, it is so largely responsible, to the North Carolina Medical Society. There is but one other State in the Union, namely, Alabama, that delegates the control of its State health work so largely to the State Medical Society. The profession should, and without question does, highly appreciate the confidence of the State Government in giving it direction of this most important function of the State, the protection of human life. The recent conflict between the public and medical profession in England, characterized by a considerable estrangement of the two and a great deal of feeling and difficulty in the adjustment of professional and public interest, should teach us the value of the close relationship of our State Government and the State Society whereby it will be possible to maintain a concert of action with respect to mutual interest.

It was gratifying to the doctors to know that, out of a sense of sincere appreciation for the help that the medical profession is rendering the State through reports of births and deaths and diseases, and through their influence in behalf of sanitary legislation, State and local, the Board of Health is earnestly endeavoring to perform some reciprocal service for profession in addition to the valuable assistance rendered the medical profes-

sion through the Laboratory of Hygiene by free examinations and by free, or reasonably cheap, biological products. The State Board of Health is now interesting itself in developing a plan through which the average physician can have very high grade post-graduate medical education brought easily within his financial and physical reach.

W.

SOME FEATURES OF THE SECRETARY'S ANNUAL REPORT N. C. BOARD OF HEALTH.

The educational work of the State Board of Health which, at present, consists in the publication of the Bulletin, the distribution of pamphlets on the more important sanitary subjects, the furnishing of suitable material to the newspapers of the State, the supplying of stock stereopticon lectures to interested speakers, and the exhibit, is to be enlarged and improved at an early date through the addition of one or more moving picture outfits. This outfit can be mounted on an automobile truck, carried into the remote country districts, and by generating its own electricity with a gasoline engine, give in moving picture form sanitary and hygienic information in a most entertaining way.

The Laboratory is now constructing its own plant which will greatly improve its work and provide for the production and distribution of free biological products such as small-pox vaccine, diphtheria antitoxin, and typhoid vaccine.

Recent improvements in the State Sanatorium will increase the capacity of the institution 40 per cent. and greatly add to the convenience of both the patients and the Sanatorium staff. The interest of the profession in the diagnosis and treatment of tuberculosis has been intensified through the correspondence of the Sanatorium with physicians and through the free supplying of von Pirquet tests to the profession.

At present, North Carolina has twelve counties with whole time county health officer, and during the last year more than 52,000 people have been vaccinated by the State Board of Health force against typhoid fever, and a thorough medical inspection of the school children of three counties was made during the past winter.

The registration work of the Board of Health has at last developed to a sufficient degree of completeness to receive the endorsement and acceptance of the United States Bureau of the Census. North Carolina is admitted as a registration State with a death rate of 13.5. This low death rate coupled with a birth rate

of 31.5, the highest birth rate of any State in the Union and a higher birth rate than any country in Europe, gives the State an enviable reputation for health from a vital statistic basis. W.

A PROPOSED NEW PLAN OF POST-GRADUATE MEDICAL EDUCATION.

The fundamental principle in this plan is one of transportation. The old idea of education in general and more especially medical education was a comparatively few centers of education, colleges or universities, to which the students resorted. This plan was formulated and developed before the railroad and the automobile. The new plan of post-graduate medical education seeks to use the improved facilities of transportation; it proposes instead of moving a class of 50 or 100 men from 200 to 600 miles to a professor to move the professor to the class of men, to move one man instead of 50 or 60. It leaves the men in their field of practice and makes a demand on their time of but a few hours, 3 or 4, per week. The class will be grouped into sections of from 8 to 15 men, an average of 10 or 12. Six sections will make a class—that is to say, a class will be composed of six groups of physicians living in towns or cities 15 or 20 miles apart. The post-graduate instructor will meet one group each day during the week—that is to say, he meets the group in town A Monday, a group in town B Tuesday, a group in town C Wednesday, town D Thursday, town E Friday, and town F Saturday, and then repeats the cycle for as many weeks as the post-graduate course is planned to cover. The men will be assessed their pro rata part of the expenses of the course. That is to say, if 67 men compose the six sections of one class, each man would be assessed \$30 to cover a course the cost of which was \$2,000. Excellent post-graduate instructors can be obtained for about \$2.00 for four months. In this way, 67 men taking the course would pay \$30 each, a total of \$2,010 instead of the cost to the 67 men being at least \$400 each, a total cost of \$26,800. The subjects that are susceptible to such courses are Diseases of Children, Physical Diagnosis, Practice of Medicine—in fact, any subject of common interest to the general practitioner. W.

ANNUAL MEETING OF THE AMERICAN MEDICAL EDITORS' ASSOCIATION.

The annual meeting of this Association will meet at the McAlpin Hotel, New

York City, on October 25th and 26th. A most interesting programme is in course of preparation and the local committee composed of the following members is an assurance of a successful convention:

Dr. Thomas L. Stedman (Editor Medical Record), Chairman.

Dr. R. H. Sayre, (New York Medical Journal).

Dr. Brooks H. Wells, (Editor American Journal of Obstetrics).

Dr. Frank C. Lewis, (International Journal of Surgery).

Dr. Ira S. Wile, (American Medicine).

The officers of the Association for 1915 and 1916 are as follows:

Dr. Edward C. Register, President. (Charlotte Medical Journal, Charlotte, N. C.)

Dr. W. A. Jones, 1st Vice-President. (Journal Lancet, Minneapolis, Minn.)

Dr. G. M. Piersol, 2nd Vice-President. (American Journal Medical Sciences, Philadelphia, Pa.)

Dr. J. MacDonald, Jr., Secretary and Treasurer. (American Journal of Surgery, New York.)

Executive Committee.

Dr. C. F. Taylor, (Medical World, Philadelphia, Pa.)

Dr. John C. MacEvitt, (N. Y. State Journal of Medicine, New York.)

Dr. A. S. Burdick, (Amer. Journal of Clinical Medicine, Chicago, Ills.)

Dr. Joseph MacDonald, Jr., (American Journal of Surgery, New York.)

The meeting on October 25th and 26th will be devoted exclusively to problems of a strictly journalistic nature, which will be of importance and interest to every editor and publisher of a medical journal. Among the papers to be presented are the following:

"Editorial Control," "The Editor's Prerogative in Editing Original Articles," "Book Reviews in Medical Journals," "Problems of the Subscription Department," "The Relationship Between Medical Journals of the Day," "The Up-Lift in Medical Journalism," "The Influence of the Medical Press and Profession in Public Affairs," "The Rights of an Author in the Disposition of his Contribution," etc.

Editorial News Items

Beaufort County, N. C., has arranged for a medical inspection of schools under the supervision of the North Carolina State Board of Health.

Dr. R. L. Bowcock, of Anniston, Ala., one of the foremost physicians and surgeons of that city, died on May 16th. He was a native of Virginia and prominently connected in that State. His death was due to pneumonia. He was a graduate of the University of Virginia, Johns-Hopkins Hospital and was a noted X-Ray expert.

The American Medical Association will be invited to meet in New York City in 1917. An invitation will be extended by the New York Medical Association and also the New York Academy of Medicine. New York City is an ideal place for our national medical meeting and no doubt the attendance will be large.

The Louisiana State Medical Society held its thirty-seventh annual meeting in New Orleans on April 25th and 26th. Dr. W. H. Seaman, of New Orleans, was elected president. The other officers elected are as follows: Dr. T. S. Jones, of Baton Rouge, first vice-president; Dr. C. V. Unsworth, of New Orleans, second vice-president; Dr. T. M. Bodenheimer, of Shreveport, third vice-president; Dr. L. R. De Buys, of New Orleans, reelected secretary-treasurer. The meeting next year will be held in Alexandria.

Dr. Jno. L. Phillips, of the U. S. Army Medical Corps, killed himself on May 22d at the Walter Reed General Army Hospital, Washington City. Dr. Phillips was born at Chapel Hill, N. C., fifty-seven years ago. He was the son of the late Samuel F. Phillips, who at one time was attorney general of North Carolina and afterwards solicitor general of the United States. Dr. Phillips shot himself through the heart. He had been walking in the grounds of the Hospital. The doctor fell through an elevator shaft last September and since that time he has suffered with melancholia at times and it was during one of these periods that he committed suicide. He was appointed to the Medical Corps of the Army in December, 1883, having previously been graduated from the medical department of Columbia University. He served in the Medical Corps during the war with Spain, and at the close of the war was appointed assistant surgeon with the rank of Captain. Other promotions followed, and in April, 1912, he was given the rank of Colonel. Formerly he was surgeon general of the hospital at Ancon, Panama. Dr. Phillips was a useful man and represented the typical Southern medical gentleman.

Judge Clark Bell.—Twenty-five years ago I had the very great pleasure of meeting Judge Clark Bell, editor and manager of the Medico-Legal Journal, New York City. He has been for possibly a quarter of a century one of the best known medico-legal authorities in America. Judge Bell now transfers the ownership and management of the Medico-Legal Journal to Dr. Alfred W. Herzog, who is a practicing physician and lawyer of many years standing.

The Tennessee State Medical Association held its annual meeting in Knoxville the first week of April. The following officers were elected: President, Dr. C. F. Cowden, Nashville; Vice-Presidents, Dr. C. J. Carmichael, Knoxville; Dr. J. T. Moore, Algood, and Dr. John L. McGehee, Memphis; Secretary, Dr. Olin West, Nashville. The next meeting will be held in Nashville.

The Medical Association of Georgia met in annual session on April 20th and 21st in Columbus. Officers were elected as follows: President, Dr. Jarvis G. Dean, Dawson; Vice-Presidents, Dr. J. M. Anderson, Columbus, and Dr. C. K. Sharp, Arlington; Secretary, Dr. W. C. Lyle, Augusta.

Guilford Hospital.—Caesar Cone, of Greensboro, N. C., on May 4th offered \$10,000.00 toward a \$30,000.00 fund for the erection of a Guilford County Tuberculosis Sanitarium. Dr. W. P. Beall also announced that he was authorized by the Kings Daughters to donate a tract of real estate and other things equivalent to about \$3,500.00 toward the hospital.

The Texas State Medical Association met in Galveston, Tex., on May 9-10-11 in its fiftieth annual session. The program was most excellent. The Tremont Hotel was headquarters for the Association. All the meetings were held there. The officers of the Association are: Dr. G. H. Moody, of San Antonio, president; vice-presidents, Dr. M. F. Bledsoe, of Port Arthur, Dr. H. C. Black, of Waco, and Dr. T. D. Frizzell, of Quanah; secretary, Dr. Holman Taylor, of Fort Worth; treasurer, Dr. W. L. Allison, of Fort Worth.

The American Gynecological Association held its forty-first annual meeting in Washington, D. C., on May 9-10-11. The meeting was largely attended and it was considered the most profitable of any in its history. Dr. J. Wesley Bovee, of Washington, one of the most noted gynecologists in the country, was the guest of honor.

cologists, was president and presided over the meetings. The Shoreham Hotel was headquarters for the meeting. Among some of the subjects discussed were "Syphilis in Its Relation to Obstetrical and Gynecological Practice," "Present Methods of Treatment of Cancer of the Uterus," and others. The officers at this meeting were, President, Dr. J. Wesley Bovee, Washington; Vice-presidents, Dr. Robert L. Rickinson, Brooklyn, and Dr. George Gellhorn, St. Louis; Secretary, Dr. LeRoy Broun, New York; Treasurer, Dr. Brooke M. Anspach, Philadelphia.

The Virginia Public Health Association closed a very successful meeting in Newport News on May 10th. The following officers were elected for the ensuing year: Dr. E. G. Williams, Richmond, president; Dr. C. C. Hudson, Danville, first vice-president; Dr. W. H. Heck, University of Virginia, second vice-president; Dr. W. Brownley Foster, Roanoke, secretary-treasurer, and Dr. R. H. Flannigan, Richmond, assistant secretary-treasurer. The next annual meeting will be held in Lynchburg, Va., at about the same time next year. The members of the Executive Committee are as follows: Dr. Sherwood Dix, second district; Dr. B. C. Summers, third district; Dr. Peter Winston, fourth district; Dr. R. A. Moore, sixth district; Dr. F. M. Brooks, eighth district. The meeting was well attended and was considered a very great success.

Dr. W. B. Lyles, who has been associated with Dr. Hugh H. Young, the noted specialist of the Johns-Hopkins Hospital, Baltimore, for the past year, has returned to Spartanburg and has opened offices in the Kennedy block. Dr. Lyles we understand is to limit his practice to genito-urinary diseases.

The Buncombe County Medical Society of North Carolina met in Asheville on May 1st. Over forty physicians were present. After a very interesting and profitable meeting the Society was entertained at the home of Dr. A. W. Callo-way. Dr. Frazer, a member of the Association, read an interesting paper entitled, "Specialism in Medicine." It was freely and favorably discussed. Possibly no county medical society in North Carolina is more largely attended and has more useful and frequent meetings than the Buncombe County Medical Society.

Virginia is to establish a tuberculosis sanatorium for colored people. The

State Board of Health has purchased from the Norfolk and Western Railway a farm in South Hampton County for this purpose. The price was \$12,000.00. It will be prepared to receive patients within a very short time. The institution will be known as the Ivor Farm Sanatorium. It contains two hundred and fifty-six acres of improved land. There is already a house on it which can be converted into a magnificent administration building and a number of new buildings suitable for patients to occupy. The State Board of Health of Virginia has been able to accomplish this through the very liberal appropriation at the last session of the General Assembly of Virginia. Looking at the matter from several standpoints the movement is a wise one. Virginia realizes that it is a great expense to let hundreds and hundreds of consumptive blacks mingle with and associate with the whites of that State and thus create hundreds of new cases of infection.

The Prince George County Medical Society.—The physicians of Prince George County organized a county medical society on May 1st electing Dr. Bodaw president and Dr. C. C. Davis secretary. Dr. Peyser addressed the organization and practically all the physicians of Prince George County were present. Dr. Peyser is the secretary of the Virginia State Medical Society.

Dr. Thomas S. Gibson, of Alexandria, Va., died on April 26th. Dr. Gibson was fifty-six years old and was a very prominent physician of that city. He lived in the city of Alexandria practically all of his life, or from the time he was one year old. Dr. Gibson graduated in medicine at the Maryland University, Baltimore, in 1887.

Dr. F. B. Bishop, formerly of North Carolina, died in Washington City on April 30th. Dr. Bishop early in his professional life moved from Wilmington, N. C., to Washington City where he practiced medicine successfully for many years. Subsequently he adopted electrotherapeutics as a specialty and in that line he made quite a success. He graduated from the University of Maryland in 1883.

Dr. M. R. Gibson, of Raleigh, has been in New York City since June 1st, attending the various eye, ear, nose and throat clinics of the city. He will remain there until August 1st.

The South Carolina State Medical Association met in Charleston, S. C., on April 18-19-20. It was considered the best meeting in the history of that Association which has been in existence sixty-eight years. The attendance was unusually large—over three hundred physicians registered. Charleston is one of the best cities for a medical society meeting in the South. There is something about it that makes one feel that he is envied by some of the most accomplished physicians and surgeons in the country. Its reputation as a medical center at one time was greater than that of Richmond, or possibly New Orleans. It is now regaining the fine reputation that it had prior to the sixties.

One of the main attractions of the meeting was a series of clinics given by the Medical College of the State. A particularly interesting feature was Dr. Tom Williams' (Washington City) Clinic on Nervous Diseases; Dr. John Dawson and Robt. Wilson gave clinics on Medicine; Drs. Cathcart, Aimar, Buist and Jervey conducted the clinics on Surgery; Dr. Cornell on Children; and Dr. Taft on X-Ray. This part of the program seemed to be well received.

Many interesting papers were read and discussed at the meeting. The guests, Drs. William Mayo, and Barker, of Johns Hopkins, spoke along their respective lines. Their remarks were full of instruction and information. Brief addresses were made by the Mayor of the city and Dr. Mullally, president of the local society, and a response by Dr. Neuffer, president of the State Society.

A smoker was given to the House of Delegates on the evening of the 18th and a general supper on the night of the 19th for the doctors and visiting ladies. Boat trips and other forms of entertainment were enjoyed by the visiting ladies.

Dr. Neuffer presided over the meetings. His address was highly satisfactory and interesting. He gave a history of the Society's growth and progress for the last twenty-five or thirty years. Addresses of this kind are always profitable and well thought of by the members of an organization, certainly if they have been active and progressive. A few words of praise by the president of a medical organization always makes a good impression. Dr. Neuffer made an ideal presiding officer. He discharged his official duties well and to the satisfaction of the members and his friends.

The Medical College of Virginia held its commencement exercises in Richmond, Va., June 4-6. The following program

was carried out:

Sunday, June 4th.

8.15 p. m. Baccalaureate Sermon—Rev. W. Russell Bowie, D. D., St. Paul's Episcopal Church.

Monday, June 5th.

11.30 a. m. Meeting of the Board of Visitors, College Building, 12th and Clay Sts.

8.30 p. m. Meeting of Alumni Society, Old College Building, 14th and Marshall streets.

Poison and Poisoners—William H. Taylor, M. D., Emeritus Professor of Chemistry.

10.00 p. m. Alumni Smoker, New College Building, 12th and Clay streets.

Tuesday, June 6th.

10.00 a. m. Business Session of Alumni Society, Lewis C. Boshier, M. D., President, New College Building, 12th and Clay streets.

Scientific Sessions—Medical Program

11.00 a. m. Some Recent Contributions to Our Knowledge of Acute Rheumatic Fever—Russell L. Cecil, M. D., New York City. Discussion Opened by A. G. Brown, M. D.

12.00 m. to 2.00 p. m. Clinics at Memorial Hospital, by Stuart McGuire, M. D., A. Murat Willis, M. D., Beverly R. Tucker, M. D., Douglas VanderHoof, M. D., William T. Graham, M. D., A. G. Brown, M. D., McGuire Newton, M. D., Clifton M. Miller, M. D.

Pharmacy Program

11.30 a. m. Symposium—Effect of the War on the Drug Business. Discussion by Hugh Woolfolk, Ph. G.; Elam C. Toone, Ph. G.; H. G. Latimer, M. D., Ph. G.; W. F. Fackenthal, Ph. G.; E. C. L. Miller, M. D.; Albert Bolenbaugh, B. Sc. in Phar.

Dental Program.

11.00 a. m. The Principles of Black's Cavity Preparation, With Charts and Models—R. R. Byrnes, D. D. S.

Some of the Demands of Modern Crown and Bridge Work—R. L. Simpson, D. D. S.

Dentistry of the Future—J. A. C. Hoggan, D. D. S.

Tuesday, June 6th.

8.30 p. m. Commencement Exercises at the City Auditorium. Public Cordially Invited. Admission Without Ticket.

Invocation—Rev. G. Freeland Peter.

Report of Year's Work—Stuart McGuire, M. D., Dean.

Address to Graduating Classes—Dr. William L. Poteat, President of Wake Forest College.

Conferring Degrees, Graduates Medical College of Virginia—Stuart McGuire,

M. D., Dean.

Conferring Degrees Graduates North Carolina Medical College—J. P. Munroe, M. D., Charlotte, N. C.

Announcement of Hospital Appointments.

Benediction—Rev. G. Freeland Peter.

10.30 p. m.—Reception: Masonic Temple.

Reports South Carolina Board of Health.—The reports indicate an increase this year in the number of patients being treated for rabies. Since January 1st 129 have taken the full treatment while 20 others are now being treated. Two cases have been lost which is a normal per cent. according to statistics gathered from wide areas where the treatment has been given. According to this health report, one patient died during the treatment. Forces in this state laboratory are busily preparing orders for typhoid vaccine which is urgently demanded during this time of the year. During the month of May 1,000 ampoules have been sent out which is about the number ordered during the four previous months. At the last legislature, an enactment was passed to impose upon the State Board of Health to make the Wassermann test gratis. Possibly it is well enough for the State to appropriate its revenues to the prevention of disease and the promotion of health. This seems to be the policy of the legislative bodies of South Carolina which are certainly commendable.

Ten Graduates of the Medical College of Virginia from North Carolina were given the following hospital appointments on June 7th at the graduating exercises of that college:

Memorial, Richmond: Dr. J. F. Foster, East Durham; Dr. F. W. H. Logan, Union Mills. Virginia, Richmond: Dr. G. V. Greene, Yadkin College; Dr. Grover Wilkes, Sylva. Grace, Richmond: Dr. E. L. Bender, Pollocksville. Retreat for Sick, Richmond: Dr. C. W. Jennings, Greensboro. Protestant, Norfolk: Dr. L. J. Whitehead, Scotland Neck; Dr. W. R. Parker, Woodland. Stetson, Philadelphia: Dr. P. C. Howard, Morrisville. Lake View, Philadelphia: Dr. O. R. Yates, Morrisville.

The Annual Session of the N. C. State Board of Examiners for Nurses met in Winston-Salem, N. C., May 1st and 2nd under the Presidency of Dr. Thompson Frazier, Asheville, N. C. Ninety-eight nurses were licensed. The State Nurses' Association held its annual session at the same time and place. Dr. L. B. McBray-

er, Sanitarium, was present and delivered the annual address to the state nurses.

The Sixth District Medical Society of North Carolina held a session at Raleigh, N. C., June 2, 1916. Forty members attended. "Acidosis," "Hip-Joint Disease," "Deafness Prevention," "Treatment of Paresis by Mercurialized Serum," were some of the topics considered. Officers for the ensuing year are as follows:

President—Dr. E. A. Abernathy, Chapel Hill, N. C.

Vice-President—Dr. G. T. Sikes, Grissom, N. C.

Secretary—Dr. Albert Root, Raleigh, N. C.

Dr. Henry G. Turner, Raleigh, N. C., announces his retirement from general practice and his devotion to General and Orthopaedic Surgery.

Monroe Hospital.—By the will of the late Mrs. Ellen E. Fitzgerald, Monroe, N. C., that city becomes the owner in fee simple of her attractive residence as a site for a municipal hospital. The property is valued at \$20,000.00 and Monroe has been considering the erection of a community hospital some time previously to her death and handsome bequest.

BOOK NOTICES.

Blood-Pressure: Its Clinical Applications. Second Edition, Revised and Enlarged. By George W. Norris, A. B., M.D., Assistant Professor of Medicine in the University of Pennsylvania; Visiting Physician to the Pennsylvania Hospital; Assistant Visiting Physician to the University Hospital; Fellow of the College of Physicians of Philadelphia. Octavo, 424 pages, with 102 engravings and 1 colored plate. Cloth, \$3.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1916.

The importance of blood-pressure in diagnosis, prognosis and treatment is becoming more widely recognized every day, and with this recognition has come the creation of a literature devoted to this special field. Dr. Norris has given an adequate description of this important field, clearly elucidating the principles involved and carefully pointing out their practical applications. He has presented his subject in condensed form, and as definitely as the present state of our knowledge permits.

The first edition of this work was exhausted in considerably less than two years after publication. In the process of

revision for the second edition an increase in size has been necessary in order to include a survey of the constantly growing literature on blood-pressure. Both the experimental and clinical data which have been available are included, for it is the combination of these two that the physician must rely upon when handling his cases. The author's method of discussing each part of the subject is such that his book is a well balanced presentation of the latest scientific information regarding blood-pressure and its clinical applications. It is probably the most complete and authoritative work in English on this extremely important topic. The illustrations are well chosen and a help to the easy understanding of the text.

Holders of Railroad Bonds and Notes: Their Rights and Remedies. By Louis Heft, of the New York Bar. New York: E. P. Dutton and Company, 681 Fifth Avenue. 1916. Price \$2.00.

This book gives the facts that influence the market value of railroad certificates and also those upon which their market value depends. It outlines railroad financing in its different phases and analyzes sixty-two different forms of securities. It discusses the rights of security-holders of all kinds throughout re-organizations, consolidations, mergers, receiverships, foreclosures and the other proceedings to real-corporations, trustees of mortgages or deeds of trust, re-organization committees, other security-holders, and the assets of insolvent roads.

Mr. Heft is a New York lawyer of great reputation. He is a beautiful writer and this book ought to be read by every thoughtful bank man.

Beauty a Duty. The Art of Keeping Young. By Susanna Cocroft. "What To Eat and Why," "Personal Hygiene," "The Reading of Character Through Bodily Expression." Rand McNally & Company, Chicago and New York. Price \$2.00.

This work, by one of the leading authorities on physical culture, treats of the cultivation of the body, hair, eyes, teeth, hands, feet and complexion, and should have a personal appeal to the women of America. Its illustrations are beautiful, numerous and appropriate.

The writer says a woman is at fault if she is not beautiful. She is a leading expert on beauty in this country and believes that all women can be made most attractive by the proper attention,

scientifically and conscientiously applied. The care of the skin, care, eyes, teeth, hands and feet is the road to beauty and the author suggests maxims which, if carried out, will transform the plain woman into a handsome attractive one.

The book is carefully and attractively written. The expressions are good. Miss Cocroft has made this her life work and has made a great success. Every woman who wants to improve her looks should own the book.

Refraction of the Human Eye and Methods of Estimating the Refraction. Including a Section on the Fitting of Spectacles and Eye-Glasses, etc. By James Thorington, A.M., M.D., Emeritus Professor of Diseases of the Eye in the Philadelphia Polyclinic and College for Graduates in Medicine; Member of the American Ophthalmological Society; Fellow of the College of Physicians of Philadelphia. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. Price \$2.50.

"Refraction of the Human Eye and Methods of Estimating the Refraction" is an amalgamation of the Author's works, "Refraction and How to Refract," "Prisms" and "Retinoscopy," and is issued to satisfy the constant and increasing demand for such a work in one volume.

The contents of the above-named books have been re-arranged and co-ordinated by amplifications, modifications or deletions, so as to produce a book suitable for all beginners in Ophthalmology, and particularly for those who have a limited knowledge of mathematics and who can not readily appreciate the classic treatise of Donders. The writer has planned to be systematic and practical, so that the student, starting with the consideration of rays of light, is gradually brought to a full understanding of optics; and following this, he is taught what is the Standard Eye, and then is given a description of ametropic eyes, with a differential diagnosis of each, until finally he is told how to place lenses in front of ametropic eyes to make them equal to the standard condition. By being dogmatic rather than ambiguous; by occasional repetitions to avoid frequent references, and by simple explanations and a definite statement of facts, the writer has aimed to make the text concise and comprehensive; consequently, there are no lengthy mathematical formulas or any discussion of disputed points.

The book has three hundred and forty-four illustrations and twenty-seven

colored drawings which add wonderfully to the value of the volume. Dr. Thorington is a teacher who is nationally known. He is one of the leading practitioners in his line in this country. His style of writing and his expression are attractive. It certainly gives me a great deal of pleasure to recommend Dr. Thorington's book.

The Century of the Renaissance. By Louis Batiffol, Author of "The Duchesse De Chevreuse." Translated from the French by Elsie Finnimore Buckley. With an introduction by John Edward Courtenay Bodley, corresponding member of the Institute of France. New York: G. P. Putnam's Sons. 1916. Price \$2.50.

This beautiful book gives a lucid and lively narrative of the events from the death of Louis XI, in 1483 to that of Henri IV, in 1610. This is one of the most confused and baffling periods in French History, but in M. Batiffol's skillful hands motives are elucidated, actions correlated, and events brought into orderly sequence. The author shows himself an accomplished portrait painter. His sketches of Louis XI., Georges d'Amboise, Francois I., Henri II., Diane de Poitiers, Henri IV., and Queen Margot—to name but a few—touch the imagination and linger in the memory. The chapters devoted to art, letters, and society give the reader a perfect insight into the French Renaissance.

Therapeutic By-Ways. By Dr. E. P. Anshutz. Philadelphia: Boericks & Tafel. 1916. Price \$1.00.

This volume is a collection of therapeutic measures not to be found in the text books. The data is collected from all sources and condensed and arranged. The book will prove of considerable value to the homeopathic practitioner and it contains much matter that is interesting to the regular physician. We recommend the book to practitioners of medicine of both schools but especially of the homeopathic school.

American Public Health Protection. By Henry Bixby Hemenway, A.M., M.D., Author of "The Legal Principles of Public Health Administration," etc. Indianapolis: The Bobbs-Merrill Company Publishers. Price \$1.25.

The author, Dr. Hemenway, states that efficient living depends upon the health of the individual and the individual's health depends largely upon that of the community. The book sets forth in com-

pact form the history of the development of care of public health in this country, of the growth of knowledge, of the battle with indifference, graft and blindness. Then the work of national health agencies, and especially that of the medical department of the Army and the Bureau of Animal Industry, is discussed. Dr. Hemenway compares medical and sanitary education in the United States in a novel and highly interesting manner. He comments on the changed social and economic conditions and the advancement of science in their bearing on sanitation. The medical inspection of schools, the organization of health departments, the preparation of health officers, are other phases of the subject which are handled in detail and with unflinching interest.

Dr. Hemenway has given the medical profession a good book. It is invaluable to the student of public health matters. Every health officer in the United States should study it. It contains useful and practical knowledge that a health officer should have. It is a pleasure to recommend books with as much merit as this one has.

The Criminal Imbecile. An Analysis of Three Remarkable Murder Cases. By Henry Herbert Goddard. Director of Department of Research Vineland Training School. New York: The MacMillan Company. 1915. Price \$1.50.

Dr. Goddard, whose study of feeble-mindedness has disclosed some astounding facts—as is shown in his books, "The Kallikak Family" and "Feeble-mindedness, Its Causes and Consequences," here analyzes three murder cases in which the Binet tests were used, accepted in court and the accused adjudged imbeciles. Three types of defectives are illustrated in the three cases. Wholly aside from the general appeal of the work—and to every thinking citizen it must come with considerable significance—it will be found of the utmost importance to all teachers, students of feeble-mindedness and of social problems, and to criminal lawyers.

The book is well written and should be read by every thinking man. Dr. Goddard writes authoritatively. His expressions and statements are logical, attractive and well arranged.

The New Public Health. By Herbert Winslow Hill, M.B., M.D., D.P.H., Late Director, Division of Epidemiology, Minnesota State Board of Health, and later Executive Secretary,

Minnesota Public Health Association, now Director, Institute of Public Health; and M.O.H., of London, Canada, Professor of Public Health, Western University. New York: The MacMillan Company, 1916. Price \$1.25.

That the health of the community depends upon the health of the individual is the essential thought underlying modern professional public health work. In this volume Dr. Hill presents simply and interestingly the knowledge, the habits and the ideals that are necessary for the maintenance of the individual's health and in turn for the preservation of the health of the public. Formerly Director of a State Board of Health, now Director of the Institute of Public Health of London, Canada, and closely in touch with all that is being done in this field, Dr. Hill formulates principles and brings forward arguments, all relating to the prevention of diseases, with which every citizen should be familiar.

To review a book like this that is full of merit from beginning to end is certainly a very great pleasure. Everyone who is interested in health matters—certainly everyone who is a health officer in the United States should have this book.

The Mortality From Cancer Throughout the World. By Frederick L. Hoffman, LL.D., F.S.S., F.A.S.A., Statician the Prudential Insurance Company of America; Chairman Committee on Statistics, American Society for the Control of Cancer; Member American Association for Cancer Research, Associate Fellow American Medical Association; Associate Member American Academy of Medicine, etc. Newark, N. J., The Prudential Press. 1915.

This is a handsome volume of 826 pages. It is a wonderful book, full of very valuable statistics concerning the past and present prevention and mortality of cancer in this country. One sentence in the book gives you an idea of its importance. The public aspects of the cancer question are best emphasized in the statement that the mortality from cancer in the Continental United States now exceeds 80,000 deaths per annum and that the rate of mortality from this disease is increasing two and one-half per cent. per annum. A considerable proportion of the mortality is in part at least directly attributed to ignorance and neglect of known measures and means by which the mortality can be materially reduced. I do not suppose the medical profession

or the ignorant element of our citizens realize how important this question of cancer is. It is almost as dangerous to the public of the country as tuberculosis. When we come to think of it, it is rather strange that the medical profession of this country deferred the special study of this important subject as long as it did. We predict, however, when we realize how many deaths annually are caused by cancer that energetic measures will be brought into use which will greatly decrease the mortality rate from this disease.

There is no doubt in my mind but that if we would recognize at the very earliest possible moment every suspicious malignant growth and advise the proper treatment that the mortality from cancer in this country, instead of being 80,000 would not exceed 10,000.

Everyone who is interested in this great subject can secure from this volume many very valuable statistics. Possibly all policy holders of the Prudential Life Insurance Company of Newark can receive a copy of the book complimentary, or at a nominal price.

The Clinics of John B. Murphy, M. D., at Mercy Hospital, Chicago, April, 1916. Published Bi-Monthly by W. B. Saunders Company, Philadelphia and London. Price per year: \$8.00.

A Text-Book of Fractures and Dislocations, With Special Reference to Their Pathology, Diagnosis and Treatment. By Kellogg Speed, S. B., M. D., F. A. C. S., Associate in Surgery, Northwestern University Medical School; Associate Surgeon, Mercy Hospital; Attending Surgeon, Cook County and Provident Hospitals, Chicago, Ill. Octavo, 888 pages, with 656 engravings. Cloth, \$6.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1916.

Every form of fracture and dislocation is dealt with most fully in this work, which, because of its completeness and its accurate illustrations, is destined to fill a place of accepted authority in the literature. Unique and important features of the work are the author's method in discussing fractures and dislocations, which are considered together under their several anatomical divisions, and the special reference and emphasis which are given by the author to pathology, diagnosis and treatment.

A clear conception of osseous injuries and their repair is essential to an understanding of fractures. For this reason

the author has selected examples of different types of usual fracture pathology and endeavored to bring them before the reader's eye by means of line drawings, which illustrate the essential points. Every illustration of this character is a careful reproduction of a tracing made from a Roentgenogram of an actual case, for the most part taken from the author's own practice. Much of the clinical and all of the statistical material of this book was obtained at the Cook County Hospital, Chicago.

Physicians called upon to treat cases of fracture or dislocation will find Dr. Speed's book an invaluable aid and guide, for the author's exceptional experience and acknowledged authority give proof of the wisdom and advisability of the measures he advocates.

Miscellaneous.

The term aerial disinfection is employed to mean the use of the air as a vehicle for diffusing, to all exposed surfaces of the room and its contents, a gaseous germicide. The disinfection of the air itself, more or less loaded with germ laden dust particles as it usually is, may be regarded as incidental, just as would be the case with water used in making a disinfectant solution. Air and water are the natural agencies for cleansing an infected apartment. Why should we not render the former germicidal as well as the latter? Some of the most prominent opponents of fumigation advocate a renovation of infected apartments so thorough as to include repapering, repainting, etc. They would subject the scrub woman, paperhanger and painter to the danger they thus clearly recognize, without the protection which a prior and efficient fumigation would afford.

An eminent scientist has placed before a symposium of health officers seven questions hereinbelow mentioned:

1. After what diseases do you think it desirable to fumigate?

2. Do you regard formaldehyde as the most satisfactory aerial disinfectant? If not, what in your opinion is better?

3. Do you think the conclusions reached by Mr. Adams justified?

Reads as follows:

"I am assuming in what follows, only two points: That you are an adult, and a non-consumptive at present. On the hypothesis:

1. You have had tuberculosis.

2. You have cured yourself of it.

3. In the process of curing yourself you have so fortified your body against it that you are safe against "catching" the disease from any other person.

4. If you now become a consumptive it will be through a relapse and by your own fault.

4. Even if this new theory of tuberculosis were generally accepted, would it not point to the necessity of fumigation after pulmonary phthisis to protect children?

5. Have you, in your experience, thoroughly satisfied yourself as to whether or not communicable diseases are commonly conveyed by objects handled by the patient? In other words, what role do fomites play in carrying infection?

6. How is it that some sanitarians who advise burning books handled by a person having a contagious disease, regard the fomite theory, as applied to things generally, so lightly that they do not fumigate the room and its contents?

7. Is not the viability of pathogenic bacteria so influenced by deficiency of light and fresh air, and so affected by atmospheric conditions in general, as to make it unwise to rely upon disease germs shortly succumbing to conditions practically unattainable without fumigation?

A careful study of the foregoing questionnaire will doubtless present many phases of the varied theories based on the experiences of our leading sanitarians, and, as good citizens, the laity itself should appreciate the difficulties encountered in arriving at a majority vote. Yet a large majority (about 95 per cent.) of the state health officers, joining in the symposium, favor a continuance of formaldehyde gas disinfection on the practical basis that one cause of spreading communicable diseases (room infection) should not be neglected because another has been found (carriers), whatever the relative importance of the two agencies may be. Destroy bacteria by volatilizing formaldehyde, without ignition, in warm moist air.

A Mineral Water Bottled Under Sanitary Precautions.

It is a matter of common knowledge that prior to the war a great deal of money was being annually spent in Europe on mineral waters. During the past year or so this has of course largely stopped and the money diverted to better channels. There are in America some mineral springs better than any European product. We refer particularly to the

French Lick Springs, the home of Pluto Water. Every provision has been made to protect the water from any form of contamination, being bottled immediately at the springs under the most careful supervision with every known sanitary precaution to insure the purity of this famous water.

Pluto Water is not a strong purgative, the use of which is calculated to produce reaction and to defeat the ends for which it was employed. On the contrary, it has a genuine aperient effect, and its use for a comparatively short period will abolish constipation and induce regular habits. Pluto Water is especially valuable as its analysis will demonstrate in the treatment of gout, chronic rheumatism, obesity and nephritis. In chronic intestinal stasis Pluto Water is as valuable as in ordinary or commencing constipation, and its employment will seldom fail to relieve the condition.

Samples and literature will be forwarded promptly upon application to the French Lick Springs Hotel Company, French Lick, Indiana.

Guaiodine.

Dear Doctor:

"Ninety Two Per Cent. Efficiency." This was what a Doctor in Denver, Colorado, "The Home of The Intravenous Products Company," told us, and he has used GUAIODINE in forty-two cases. He is at the present time using this on an infected jaw. Three previous cases, which he had on the same type of infection, died. This fourth case upon which he is using GUAIODINE is healing, and the patient is recovering rapidly.

That is not a true specific, but we do claim it is a pretty good record. Think of it! Out of forty-two cases of Gonorrhea, NINETY TWO PER CENT. EFFICIENCY!

If you have used it you probably know by this time what an invaluable product it is, not only for Gonorrhea, but for open wounds, spraying the throat and nose, or where there is danger of blood poisoning.

We again wish to call your attention to our product, "VENARSEN," a preparation being used very extensively for the treatment of Syphilis, Pellagra and Chronic Malaria, with most satisfactory results. Our regular VENARSEN contains the following ingredients:

4.37 grains of Metallic Arsenic.

1-80 grains of Biniodide of Mercury.

DOUBLE STRENGTH contains double the amount of the regular.

Our TRIPLE STRENGTH contains—

12 grains of Arsenic.

1-6 grains of Biniodide of Mercury.

We recommend the Double and Triple Strength for the treatment of Syphilis, especially in the tertiary stage. Our literature recommends one ampoule to be given every four to six days. We have several cases on record where the double strength has been given for five consecutive days without any bad results or reactions, again showing the low toxicity of VENARSEN. Triple Strength has been given in a number of cases with most remarkable results.

If you desire to give these products a trial or wish further information, write Mr. C. Tanghe, Distributor for these products, Atlanta, Ga.

Horlick Originated Malted Milk in 1883.

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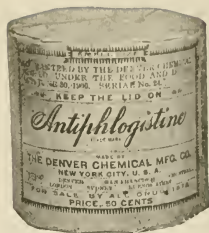
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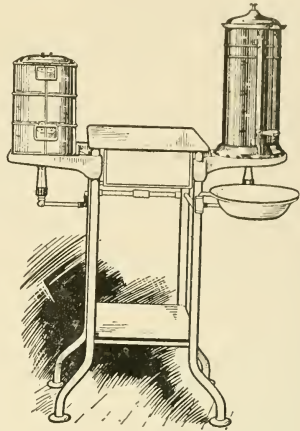
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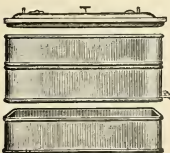


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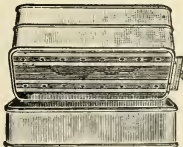
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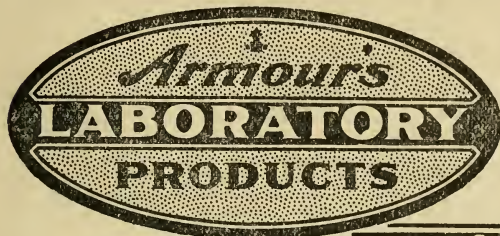
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Part II—Varieties, Causes and Treatment of Pollutions, Spermatorrhea, Prostatorrhea and Urethrorrhea.

Part III—Sexual Impotence in the Male. Every phase of its widely varying causes and treatment, with illuminating case reports.

Part IV—Sexual Neurasthenia. Causes, Treatment, Case Reports, and its Relation to Impotence.

Part V—Sterility, Male and Female. Its Causes and Treatment.

Part VI—Sexual Disorders in Woman, Including Frigidity, Vaginismus, Adherent Clitoris, and Injuries to the Female in Coitus.

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Charlotte Medical Journal.

A SOUTHERN JOURNAL OF MEDICINE AND SURGERY.

VOLUME 73
NUMBER 4

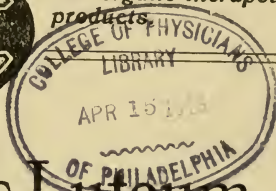
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Is physiologically
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2 grain.

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DEFINITE results follow the use
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A PRACTICAL TREATISE
ON THE CAUSES, SYMPTOMS, AND
Treatment of
Sexual Impotence

AND OTHER SEXUAL DISORDERS
IN MEN AND WOMEN

BY

WILLIAM J. ROBINSON, M. D.

Chief of the Department of Genito-Urinary Diseases and Dermatology, Bronx Hospital and Dispensary; Editor The American Journal of Urology, Venereal and Sexual Diseases; Editor of The Critic and Guide; Author of Sexual Problems of Today, Never Told Tales, Practical Eugenics, etc.; President of the American Society of Medical Sociology, President of the Northern Medical Society, Ex-president of the Berlin Anglo-American Medical Society, Fellow of the New York Academy of Medicine, etc., etc.

Unquestionably and incomparably the best, simplest and most thorough book on the subject in the English language.

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2 grain.

Pituitary, Posterior
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In a paper on *Corpus Luteum* in the January 29th
number of the New York Medical Journal Dr. Sajous
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"The two most important prerequisites to success in the
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It is very seldom you find it advisable, due to some abnormal condition of the patient, to recommend the discontinuance of its use—isn't it? Yet some advertising makes it a horrible bugaboo. In the light of science such attacks are funny, to say the least.

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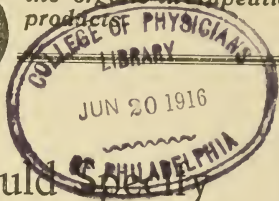
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Here's Some Interesting Experimental Data

A noted Scientist and Director and Experimenter in Psychology in one of our Universities recently performed some elaborate experiments on sixteen students, divided into four squads. In testifying before the court at the famous trial at Chattanooga, won by the Coca-Cola Company, he said in describing his experiments: "The object of my experiment was to determine the effect of caffeine alkaloid, in the first place, and in the second place Coca-Cola syrup with and without caffeine, on the mental and motor processes." The experiments covered the working hours for a period of thirty-five days and included nine different tests of mental and motor efficiency such as the color-

naming test, the calculation test, type-writing test, etc. The students were kept in ignorance as to whether they were taking caffeine (in capsule) or merely a white powder (sugar) or whether they were taking genuine Coca-Cola or Coca-Cola without the caffeine. The results of their work were recorded by assistants who were also ignorant of what the students were taking. At the conclusion of the period of thirty-five days the Professor reviewed the reports of their work and drew the conclusion that caffeine and genuine Coca-Cola act "in the nature of a lubricant in relation to the nerves and muscles, enabling them to respond more easily to the will."



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705 S. Third St., Louisville, Ky.

Willard J. Stone, M. D., Pres.,
Toledo, Ohio.

SOUTHERN SURGICAL and GYNECOLOGICAL ASSOCIATION

Annual Meeting at White Sulphur
Springs, W. Va., Dec. 11-13, 1916.

W. D. Haggard, M. D., Sec.,
184-8th Ave., N., Nashville, Tenn.

Thos. S. Cullen, M. D., Pres.,
Baltimore, Md.

SOUTHERN MEDICAL ASSOCIATION.

Annual Meeting at Atlanta, Ga.,
November 13-16, 1916.

Seale Harris, M. D., Sec.,
Birmingham, Ala.

Robert Wilson, M. D., Pres.,
Charleston, S. C.

TRI-STATE MEDICAL ASSOCIATION OF THE CAROLINAS AND VIRGINIA.

Annual Meeting at Durham, N. C.,
February, 1917.

Rolfe E. Hughes, M. D., Sec.,
Laurens, S. C.

J. Allison Hodges, M. D., Pres.,
Richmond, Va.

MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

Annual Meeting at Mobile, Ala.,
April, 1916.

H. G. Perry, M. D., Sec.,
Montgomery, Ala.

J. N. Baker, M. D., Pres.,
Montgomery, Ala.

AMERICAN MEDICAL EDITORS, ASSOCIATION

Annual Meeting at New York, N. Y.,
October 25-26, 1916.

J. MacDonald, Jr., M. D., Sec.,
92 William St., New York, N. Y.

Edward C. Register, M. D., Pres.,
Charlotte, N. C.

FLORIDA MEDICAL ASSOCIATION.

Annual Meeting at Arcadia, Fla.,
May 12, 1916.

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Jacksonville, Fla.

R. H. McGinnis, M. D., Pres.,
Jacksonville, Fla.

MEDICAL ASSOCIATION OF GEORGIA.

Annual Meeting at Columbus, Ga.,
April 19-21, 1916.

W. C. Lyle, M. D., Sec.,
Augusta, Ga.

W. S. Goldsmith, M. D., Pres.,
Atlanta, Ga.

KENTUCKY STATE MEDICAL ASSOCIATION

Annual Meeting at Hopkinsville, Ky.,
1916

Arthur T. McCormack, M. D., Sec.,
Bowling Green, Ky.

J. W. Kincaid, M. D., Pres.,
Ashland, Ky.

LOUISIANA STATE MEDICAL SOCIETY.

Annual Meeting at Alexandria, La.,
1917.

L. R. De Buys, M. D., Sec.,

Maison Blanche Bldg., New Orleans, La.

W. H. Seaman, M. D., Pres.,
New Orleans, La.

MISSISSIPPI STATE MEDICAL ASSOCIATION

Annual Meeting at Greenville, Miss.,
May 9, 1916.

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1st Nat'l Bank Bldg., Vicksburg, Miss.

I. W. Cooper, M. D., Pres.,
Newton, Miss.

MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA.

Annual Meeting at Asheville, N. C.,
April 17, 1917.

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Oxford, N. C.

Chas. O'H. Laughinghouse, M. D., Pres.,
Asheville, N. C.

STATE MEDICAL ASSOCIATION OF TEXAS.

Annual Meeting at Galveston, Tex.,
May, 1916.

H. Taylor, M. D., Sec.,
Fort Worth, Tex.

G. H. Moody, M. D., Pres.,
San Antonio, Tex.

SOUTH CAROLINA MEDICAL ASSOCIATION.

Annual Meeting at Charleston, S. C.,
April 19, 1916.

Edgar A. Hines, M. D., Sec.,
Seneca, S. C.

G. A. Neuffer, M. D., Pres.,
Abbeville, S. C.

TENNESSEE STATE MEDICAL ASSOCIATION.

Annual Meeting at Nashville, Tenn.,
1917.

Olin West, M. D., Sec.,

Independent Life Bldg., Nashville, Tenn.

C. F. Cowden, M. D., Pres.,
Nashville, Tenn.

MEDICAL SOCIETY OF VIRGINIA

Annual Meeting at Norfolk, Va.,
October 31, 1916.

Paulus A. Irving, M. D., Sec.,
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FOR PROPHYLAXIS AND
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